

16-18 BURSARY FUND 2014/15-APPLICATION FORM

(Please see guidance notes to help complete this form)

OFFICE USE ONLY						
DATE						
RECD						
APP No						
VB	TIER 1					
TIER 2	TIER 3					
TRA:						

1. LEARNER DETAILS

Last name:	First name:
Date of birth:	Age at 01/09/14:
Male / Female:	Ms/Miss/Mrs/Mr:
Have you lived in the EU for the last 3 year	ars? Y/N
Are you an asylum seeker?	Y/N
Do you hold a concession or mobility pass	s entitling you to free travel? Y / N
Home address	Term time address if different
Phone	Phone
Mobile	
We will advise you of any awa	rd via your college learner email account

2. COURSE DETAILS

Learner ID	no:		Days in college:	M-T-W-T-F	or	1-2-3-4-5
Full time		Part time	Place of study (Delete	e as appropriate)	Rock	nford /
Course:			Spalding / SNMC / Pf	PPC / Castledyke	/ Ing	elow

3. ABOUT THE PEOPLE LIVING IN YOUR HOME

At your term time address do you live? (Please tick as appropriate)

Alone	With spouse or partner	
With parent or guardian	In halls of residence or shared house	

If you live with at least one of your parents or guardians please give their details below. If not please go straight to section 4

Family name	First name

Please give names and ages of any other dependants (under 18 years old) of your parent or guardians who are living at the same address

First name	Date of birth
	First name

4. VULNERABLE BURSARY (VB)

The government guarantees that support will be available for certain groups of learners (dependent on attendance and progress). Please tick "yes" or "no" as the following statements apply to <u>you</u> (not your parent or guardian).

	Yes	No
I am in care/classed as a "looked after young person" by the local authority		
I have been in care and am now classed as a care leaver		
I receive Income Support		
I am receiving ESA and DLA		
I am receiving Universal Credit		

5. LEARNER'S BANK ACCOUNT DETAILS

Account na	me	(mı	ust	be I	ear	ne	r)					
Bank name	;							- 1				
Bank addre	ess											
Sort code			=			=		Account number				

6a. INCOME (YOU MUST COMPLETE EITHER SECTION 6a OR SECTION 6b)

Are you or your parent/guardian receiving any of the following means tested benefits? (Please tick if appropriate).

Working Tax Credit Run On - FEFM	Income Support- FEFM	
Universal Credit – FEFM	Income Related ESA -FEFM	
Support under part VI of Immigration	Guarantee Element of State Pension	
and Asylum Act 1999 - FEFM	Credit- FEFM	
Income Based Jobseekers	Working Tax Credit with annual gross	
Allowance- FEFM	income of £16190 max	
Child Tax Credit(provided not	Housing Benefit	
entitled to WTC) with annual gross	Or	
income of £16190 max as assessed	Council Tax Benefit	
by HMRC - FEFM		

You must include evidence of the above if you have ticked to say you receive it.

6b. INCOME

If you or your parent/guardian do not receive any of the benefits listed in section 6a, please complete this section.

PARENT / GUARDIAN GROSS EARNINGS (BEFOR	RE DEDUCTION	NS) PER YEAR
PARENT/GUARDIAN 1	£	PA
PARENT/GUARDIAN 2	£	PA
How much do you earn from any full or part time work?	£	

7. WHAT LEVEL OF SUPPORT ARE YOU REQUESTING?

Please tick the FEFM box if you would like to apply for food through the Government's new Further Education Free Meals initiative.

Tier	Income	Help towards:	See enclosed notes and tick as appropriate
FEFM	Qualifying Benefits	Further Education Free Meals	
VB	NA	See Learner Support Officers for details	
1	Less than £16,190	Travel costs, books, equipment and uniform, food vouchers	
2	From £16,191 to £20,000	Travel costs, books, equipment and uniform	
3	From £20,001 to £25,000	Travel costs	

8. ADDITIONAL INFORMATION TO SUPPORT YOUR APPLICATION

Why do you need this support to attend college?						

9. FOR BURSARY OFFICE USE ONLY

Household income from 6a or 6b	£	PA				
Use this space to show calculations for awards						
Travel- all tiers						
Books and equipment- VB, tier 1 and 2 only						
Food – VB, tier 1 only						
Food - FEFM						
<u>Other</u>						
<u>Total:</u>						

10. DATA PROTECTION STATEMENT

The College is a Data Controller in terms of the 1998 legislation. The Learner Services Department follows College Policy in matters of Data Protection. The data requested in this form is covered by the notification provided by the College under the Data Protection Act. Personal data will be used solely within the Learner Services Department for the purpose of determining whether or not you should receive assistance from the Bursary Fund. Some of the information gathered in this form is required by the Education Funding Agency (EFA). Information supplied will be anonymised and aggregated before it is sent to the EFA. In addition, external auditors are obliged to certify that Bursary Funds have been allocated in accordance with EFA Guidelines. As part of this process, auditors will wish to view a small sample of application forms. The data will not be passed to any other third party without your consent, except where the College is legally required to do so.

11. DECLARATION

I understand that:

Awards from the Bursary Fund are made on a non-repayable basis; however you may not receive your full award if you do not meet the required attendance and progress criteria.

If I leave my course early, the College may ask me to return any equipment or travel pass that has been given to me from the Boston College Bursary Fund.

The college may discuss this application with my parent/guardian, external agencies and college staff as required. Information regarding my claim for Further Education Free Meals (FEFM) will be shared with appropriate agencies as required. I understand that the information will be used by staff processing the claim. I understand that if my attendance falls below 90% I may not be eligible for support (unless exceptional circumstances apply). If I receive payment and then subsequently leave, the College reserves the right to reclaim funds. I am aware that if false or incomplete information is submitted, or if I do not tell the college about any part of our income that may be relevant, the matter may be referred to the Department for Education or the police. I understand that I could face prosecution and that the college will seek to recover any payment I am not eligible for. I confirm that all the details are correct and I must notify Learner Services of any changes to my circumstances.

Signed (learner)	Date
Signed (parent)	Date

BURSARY OFFICE USE ONLY

Item	Cost	Sign and date as recommended by Bursary admin	Sign and date as authorised by HOLS	Payment method	Sign and date as action complete by Bursary admin
Travel		Baroary admini			Baroary admini
Equipment					
Food					
Fees					
FEFM					
Other					