



16-19 BURSARY FUND APPLICATION FORM 2023/24

Student Name:				Advisory Group:				
Home Address:								
Post Code:				Daytime Contact No:				
Please tick the type	of Bursar	y you are applying for:						
Vulnerable Bursary	Vulnerable Bursary Discretionary Bursary							
HOUSEHOLD INCOME: Please state total of all income for the household in which the student lives. This should include, but is not restricted to:								
Income Type			Evi	Evidence (please enclose copy)		£ amount		
Annual net earnings (from any type of employment)			P60	P60 or bank statement				
Universal Credit			Мс	Most recent Award Statement				
Spousal Maintenan	ce		Co	Court/private agreement/bank statement				
Child Benefit/Tax C	edit		Aw	Award Notice**				
Other benefits (Income, Housing etc.)			Bei	Benefit Decision Notice				
Other (please specify)								
Total net household income per annum								
		y would be awarded to a ward Notice must be incl		ent whose parents/guard with this application.	ians are not in	receipt of		
Vulnerable Bursary								
Please confirm eligibility for payments as per Bursary Policy:								
Student in Local Authority Care								
Care Leaver								
Student in receipt of Income Support/Universal Credit								
Disabled student in receipt of DLA or PIP/ESA/Universal Credit								
List supporting documents provided as evidence [please provide copies, not original documents]:								

Discretionary Bursary			
Please confirm eligibility for pa	ayments as per Bursary F	Policy:	
Free School Meal Student		In receipt of Universal Credit	
Please state number of depen	dent children in househo	old:	
Please specify the Special Educosts (e.g. transport to school	·	ou are requesting financial help for, and the relevant	ant
List supporting documents pro	vided as evidence [pleas	se provide copies, not original documents]:	
and requirements for the type	e of bursary that I am apport of my knowledge and I v	nd Policy 2023-24 and confirm that I meet the cri plying for. The information contained within my vill advise Mascalls Academy of any change in mic year.	iteria
Signed:		[Student]	
Name:		Date:	
criteria and requirements for child's application and any su	nd Mascalls 16-19 Bursar the type of bursary being oporting documentation dge. I/we will advise Ma	y Fund Policy 2023-24 and confirm that I/we mee g applied for. The information contained within n regarding our family circumstances is true and ac ascalls Academy of any change in circumstances d	ny ccurate
Signed:		[Parent/Guardian]	
Name:		Date:	

Please return the completed application form and copies of supporting documents to:

Sixth Form Office, Marie Curie College,

Mascalls Academy, Maidstone Road, Paddock Wood, Kent, TN12 6LT