

16-19 BURSARY FUND APPLICATION FORM 2024/25

Student Name:		Advisory Group:	
Home Address:			
Post Code:		Daytime Contact No:	

Please tick the type of Bursary you are applying for:

Vulnerable Bursary <input type="checkbox"/>	Discretionary Bursary <input type="checkbox"/>
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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	Evidence (please enclose copy)	£ amount pa
Annual net earnings (from any type of employment)	P60 or bank statement	
Universal Credit	Most recent Award Statement	
Spousal Maintenance	Court/private agreement/bank statement	
Child Benefit/Tax Credit	Award Notice**	
Other benefits (Income, Housing etc.)	Benefit Decision Notice	
Other (please specify)		
Total net household income per annum		

**** It is unusual that a bursary would be awarded to a student whose parents/guardians are not in receipt of Tax Credits. A copy of the Award Notice must be included with this application.**

Vulnerable Bursary	
Please confirm eligibility for payments as per Bursary Policy:	
Student in Local Authority Care	<input type="checkbox"/>
Care Leaver	<input type="checkbox"/>
Student in receipt of Income Support/Universal Credit	<input type="checkbox"/>
Disabled student in receipt of DLA or PIP/ESA/Universal Credit	<input type="checkbox"/>
List supporting documents provided as evidence <i>[please provide copies, not original documents]:</i>	

Discretionary Bursary	
Please confirm eligibility for payments as per Bursary Policy:	
Free School Meal Student <input type="checkbox"/>	In receipt of Universal Credit <input type="checkbox"/>
Please state number of dependent children in household: _____	
Please specify the Special Educational Purposes that you are requesting financial help for, and the relevant costs (e.g. transport to school):	
List supporting documents provided as evidence <i>[please provide copies, not original documents]</i> :	

Declaration by student

I have read and understand Mascalls 16-19 Bursary Fund Policy 2024-25 and confirm that I meet the criteria and requirements for the type of bursary that I am applying for. The information contained within my application is true to the best of my knowledge and I will advise Mascalls Academy of any change in circumstances during each and every applicable academic year.

Signed: _____ [Student]
 Name: _____ Date: _____

Declaration by parent/guardian

I/we have read and understand Mascalls 16-19 Bursary Fund Policy 2024-25 and confirm that I/we meet the criteria and requirements for the type of bursary being applied for. The information contained within my child's application and any supporting documentation regarding our family circumstances is true and accurate to the best of my/our knowledge. I/we will advise Mascalls Academy of any change in circumstances during each and every applicable academic year.

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