



WOA6 (SIXTH FORM) STUDENT FINANCIAL SUPPORT (BURSARY)

APPLICATION FORM (2022-2024)

IMPORTANT – PLEASE COMPLETE ALL PARTS OF THIS FORM IN FULL AND IN BLACK INK.

SECTION A: PERSONAL DETAILS				
FIRST NAME			SURNAME	
ADDRESS & POSTCODE				
MOBILE NUMBER			DATE OF BIRTH	
HOME NUMBER			EMAIL	
PARENT NAME			PARENT CONTACT DETAILS	
METHOD OF TRAVEL TO WOA6	TAXI	CAR	BUS	OTHER
DO YOU HAVE FREE SCHOOL MEALS?				



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SECTION 2: ELIGIBILITY	
LEVEL 1 – VULNERABLE BURSARY <input type="checkbox"/>	<ul style="list-style-type: none">• STUDENTS IN CARE <input type="checkbox"/>• CARE LEAVERS <input type="checkbox"/>• I AM IN RECEIPT OF INCOME SUPPORT OR UNIVERSAL CREDIT IN MY OWN RIGHT <input type="checkbox"/>• I AM IN RECEIPT OF DLA OR PIP IN MY OWN RIGHT AS WELL AS INCOME SUPPORT OR UNIVERSAL CREDIT IN MY OWN RIGHT <input type="checkbox"/>
LEVEL 2 – DISCRETIONARY BURSARY (HOUSEHOLD INCOME <£16200) <input type="checkbox"/>	<ul style="list-style-type: none">• RECEIPT OF BENEFITS/UNIVERSAL TAX CREDIT (PREVIOUS YEAR) <input type="checkbox"/>• P60 (PREVIOUS YEAR) <input type="checkbox"/>• TAX CREDIT AWARD (PREVIOUS YEAR) <input type="checkbox"/>• EVIDENCE OF SELF-EMPLOYMENT INCOME (PREVIOUS YEAR) <input type="checkbox"/>• UNIVERSAL CREDIT MONTHLY AWARD NOTICES FOR JUNE, JULY, AUGUST OF PREVIOUS YEAR <input type="checkbox"/>
LEVEL 3 – DISCRETIONARY BURSARY (HOUSEHOLD INCOME BETWEEN £16200 - £20000) <input type="checkbox"/>	<ul style="list-style-type: none">• RECEIPT OF BENEFITS/UNIVERSAL TAX CREDIT (PREVIOUS YEAR) <input type="checkbox"/>• P60 (PREVIOUS YEAR) <input type="checkbox"/>• TAX CREDIT AWARD (PREVIOUS YEAR) <input type="checkbox"/>• EVIDENCE OF SELF-EMPLOYMENT INCOME (PREVIOUS YEAR) <input type="checkbox"/>• UNIVERSAL CREDIT MONTHLY AWARD NOTICES FOR JUNE, JULY, AUGUST OF PREVIOUS YEAR <input type="checkbox"/>



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SECTION 3: BANK DETAILS (MUST BE STUDENTS OWN PERSONAL ACCOUNT)								
FULL NAME OF ACCOUNT HOLDER								
NAME OF BANK/BUILDING SOCIETY								
BRANCH								
SORT CODE			-			-		
ACCOUNT NUMBER								
SIGNATURE (APPLICANT)						DATE:		
SIGNATURE (STAFF)						DATE:		
SIGNATURE (FINANCE):						DATE:		
SECTION 4: STUDENT DECLARATION								
<p><i>I confirm that the information supplied in this form is correct and complete it to the best of my knowledge and belief.</i></p> <p><i>I understand that should I make a false or fraudulent claim, I may face consequences in line with academy policies and my bursary may be stopped.</i></p> <p><i>I understand that the academy reserves the right to request additional evidence in support of my application.</i></p> <p><i>I adhere to the terms and conditions set out in this document in relation to my attendance and conduct.</i></p>								
APPLICANT SIGNATURE						DATE:		
SECTION 5: PARENT/CARER AGREEMENT								
I HAVE SUPPLIED MY EMAIL ADDRESS								
I HAVE NOT SUPPLIED MY EMAIL ADDRESS								
I UNDERSTAND THAT MY CHILD MUST FULFIL EXPECTATIONS IN RELATION TO THEIR ATTENDANCE AND CONDUCT (AS SET OUT IN THIS FORM) OR THEIR BURSARY MAY BE STOPPED.								
PARENT/CARER SIGNATURE						DATE:		