## Please return this form to the Sixth Form Office

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SURNAME			FORENAME			
DATE OF			AGE ON 1 SEPT	EMBER		
BIRTH			2024			
CURRENT			HOME PHONE			
ADDRESS						
POSTCODE			MOBILE			
RESIDENT IN	VFS	/NO	EMAIL			
UK FOR 3 YRS		delete				
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<b>CATEGORY ON</b>	<b>E BURSARY</b>					
			entitlement by s	supplying	the relevant	
documents spec					4 8 37	
I MEET THE QUA   Please tick the appr			THE CATEGORY O	NE BURS	AKY	
Please tick the appi	opriate box beit	ov.				
I AM IN					LIVING ALLOWANCE	
CARE/OR CARE	INCOME SU (OR UNIV		OR PIP AND EMPLO	DYMENT S	UPPORT ALLOWANCE	
LEAVER	•	REDIT)				
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CATEGORY TW	O BURSARY	7				
I WISH TO CLA	M THE CATE	GORY TWO D	ISCRETIONARY E	BURSARY	Please tick th	e
appropriate box bel		<b></b>				
I AM IN RECEIPT FREE SCHOOL ME		I HOLD A N			EHOLD INCOME OF THAN £80,000	
		CARD			,	
Note: It is your responsibility to claim directly from Cornwall Council for Free School Meals and NHS for LIS card						
not the responsibility of the school						
DECLARATION	l					
		Post 16 Bursaı	rv Policv document	before su	bmitting this applicat	ion. I
I confirm that I have read the Post 16 Bursary Policy document before submitting this application. I confirm that the information I have provided on this application is correct to the best of my						
knowledge, and that I understand that I must immediately notify Treviglas Sixth Form of any change						
of circumstances which may affect my entitlement to a bursary payment. I understand that failure to						
do this may mean that the school may request repayment of my award. I understand that the school will claim back all or some of the award made to be me if I have given misleading or inaccurate						
information intentionally. I recognise that false statements can leave me open to prosecution.						
I understand that financial assistance is dependent upon meeting the criteria for attendance and						
performance as set out in the Post 16 Bursary Policy document. Should my attendance be						
unsatisfactory or I withdraw from my course early, I may be asked to pay back some or my entire						
award. I understand that if I leave before the completion of my programme of study, that I may be required to repay all or part of the amount paid to me under the Post 16 Bursary Scheme.						
required to repay	all or part of t	the amount pai	id to me under the	Post 16 B	ursary Scheme.	
SIGNATURE OF				DATE:		
APPLICANT:						

## Treviglas Sixth Form Cornwall Post 16 Bursary Application 2025-2026

## **EVIDENCE REQUIRED**

We require evidence that you meet all requirements before we can make an award. All evidence provided will be treated in the strictest of confidence. We will need to photocopy the evidence and will return all originals to you. The evidence we can accept is as follows (tick as appropriate):

<b>CATEGORY ONE BURSARY</b> — Please supply the document relevant to your claim	
Evidence from the Local Authority confirming my 'Looked After' status	
A letter from the Job Centre confirming my entitlement to Income Support (or Universal Credit)	
A letter from the DWP/Job Centre confirming entitlement to Employment Support Allowance	
A letter from the DWP confirming entitlement to Disability Living Allowance or PIP	
CATEGORY TWO BURSARY - Please supply the document relevant to your claim	
Free School Meals (we will check this direct with Cornwall Council)	

CATEGORY TWO BURSARY - Please supply the document relevant to your claim	
Free School Meals (we will check this direct with Cornwall Council)	
NHS Low Income Certificate	
Formal official written evidence that my household income is below £80,000 from one	
of the following:	
Employment Support Allowance	
Universal Credit	
Working Tax Credits	
Income support	
Current P60	
Current tax assessment	
Trading accounts	

STUDENT BANK please supply your ba	<b>DETAILS</b> — If you are applying for the Category One Bursary or Category Two Bursary ok details
Bank Name:	
Bank Address:	
Account Holder's Name:	
Bank Sort Code	Account Number:

FOR OFFICIAL USE ONLY						
APPLICATION APPROVED		TOTAL ALLOCATED	SIGNED BY HEAD OF SIXTH FORM	Date		
CAT1	CAT2	£				
FSM END DATE			NHS LIS CARD END DATE			
APPLICATION REJECTED						

APPEALS AGAINST ANY DECISION MADE MUST BE IN WRITING MRS J HANDFORD, HEAD OF SIXTH FORM, TREVIGLAS ACADEMY, NEWQUAY, CORNWALL, TR7 3JA.