

**Treviglas Sixth Form**  
**Cornwall Post 16 Bursary Application**  
 2023-2024

Please return this form to the Sixth Form Office

<b>SURNAME</b>		<b>FORENAME</b>	
<b>DATE OF BIRTH</b>		<b>AGE ON 1 SEPTEMBER 2022</b>	
<b>CURRENT ADDRESS</b>		<b>HOME PHONE</b>	
<b>POSTCODE</b>		<b>MOBILE</b>	
<b>RESIDENT IN UK FOR 3 YRS</b>	<b>YES/NO</b> <i>Please delete</i>	<b>EMAIL</b>	

**CATEGORY ONE BURSARY**

You will need to provide evidence of your entitlement by supplying the relevant documents specified overleaf

**I MEET THE QUALIFYING CRITERIA FOR THE CATEGORY ONE BURSARY**

*Please tick the appropriate box below:*

<b>I AM IN CARE</b>	<input type="checkbox"/>	<b>I RECEIVE INCOME SUPPORT (OR UNIVERSAL CREDIT)</b>	<input type="checkbox"/>	<b>I RECEIVE BOTH DISABILITY LIVING ALLOWANCE AND EMPLOYMENT SUPPORT ALLOWANCE</b>	<input type="checkbox"/>
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**CATEGORY TWO BURSARY**

**I WISH TO CLAIM THE CATEGORY TWO BURSARY**

*Please tick the appropriate box below:*

<b>I AM IN RECEIPT OF FREE SCHOOL MEALS</b>	<input type="checkbox"/>	<b>I HOLD A NHS LOW INCOME SCHEME CARD</b>	<input type="checkbox"/>	<b>HOUSEHOLD INCOME OF LESS THAN £50,000</b>	<input type="checkbox"/>
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*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**

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.

<b>SIGNATURE OF APPLICANT:</b>		<b>DATE:</b>	
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**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 – Please supply the document relevant to your claim</b>	
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	

<b>CATEGORY TWO BURSARY – Please supply the document relevant to your claim</b>	
Free School Meals (we will check this direct with Cornwall Council)	
NHS Low Income Certificate	
<b>Formal official written evidence that my household income is below £50,000 from one of the following:</b>	
Employment Support Allowance	
Universal Credit	
Working Tax Credits	
Income support	
Current P60	
Current tax assessment	
Trading accounts	

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

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.