

CONFIDENTIAL

**THE EMMBROOK SCHOOL
16-19 Bursary Fund 2023/2024**



Application Form

Section 1: Young Person Details

Student ID	<input type="text"/>	E-mail	<input type="text"/>																				
Surname	<input type="text"/>	Forename	<input type="text"/>																				
Home address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Date of Birth	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y														
D	D	M	M	Y	Y																		
Postcode		Age on 1st September 2023	<input type="text"/>																				
<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Home Telephone Number	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Do any of these apply to you? (tick all those that apply)		Mobile Telephone Number (if applicable)																					
I am living independently	<input type="checkbox"/>	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>														
I do not live with my parent(s)	<input type="checkbox"/>	I am a looked after young person	<input type="checkbox"/>																				
I am a parent	<input type="checkbox"/>	I have been a looked after young person	<input type="checkbox"/>																				
I or my sibling(s) in receipt of Free School Meals	<input type="checkbox"/>	I am living in hostel accommodation	<input type="checkbox"/>																				
I am receiving Disability Living Allowance	<input type="checkbox"/>	I consider myself disabled	<input type="checkbox"/>																				
I receive another Financial Benefit (please state below)	<input type="checkbox"/>	I receive Income Support in my name	<input type="checkbox"/>																				
<input type="text"/>		I am receiving Employment Support Allowance	<input type="checkbox"/>																				

Section 2: Residency Status (tick all those apply)

British Citizen	<input type="checkbox"/>	EU/EEA Citizen	<input type="checkbox"/>	Asylum Seeker	<input type="checkbox"/>	Refugee/Indefinite Leave to Remain	<input type="checkbox"/>
Humanitarian Protection	<input type="checkbox"/>	Discretionary Leave to Remain	<input type="checkbox"/>	National Asylum Support System (NASS)	<input type="checkbox"/>		

Section 3: Programme of Study

Year Group	<input type="text"/>	Programme of Study (e.g. AS/A2/ BTEC/GCSE)	<input type="text"/>	
Subjects	1	<input type="text"/>	2	<input type="text"/>
	3	<input type="text"/>	4	<input type="text"/>
	5	<input type="text"/>	6	<input type="text"/>

Section 4: Parent/Guardian/Carer(s) Details (to be completed by parent/guardian/carers)

Adult 1 Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	Adult 2 Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>
Full Name <input style="width: 90%;" type="text"/>	Full Name <input style="width: 90%;" type="text"/>
Home address (if different from young person) <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>	Home address (if different from young person) <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>
Postcode <input style="width: 60px;" type="text"/>	Postcode <input style="width: 60px;" type="text"/>
Home Telephone Number <input style="width: 60px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Home Telephone Number <input style="width: 60px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Mobile Telephone Number (if applicable) <input style="width: 60px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Mobile Telephone Number (if applicable) <input style="width: 60px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Relationship to young person <input style="width: 80%;" type="text"/>	Relationship to young person <input style="width: 80%;" type="text"/>

Section 5: Income Information (to be completed by parent/guardian/carers)

Do you receive any of the following?	Adult 1	Adult 2	(evidence <u>must</u> be provided)	Adult 1	Adult 2
Income Support	<input type="checkbox"/>	<input type="checkbox"/>	Income-related Employment Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Income-based Jobseekers Allowance	<input type="checkbox"/>	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>
What was your total household income for the Tax Year 2022 / 2023?			£ <input style="width: 150px;" type="text"/>		

Section 6: Bursary being applied for

Guaranteed	<input type="checkbox"/>	Discretionary	<input type="checkbox"/>	Exceptional*	<input type="checkbox"/>	*please enclose supporting statement outlining your needs
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Section 7: Young Person Bank Details (if the application is successful, payments will be paid into your bank account)

Bank/Building Society Name <input style="width: 95%;" type="text"/>	Name of Account Holder <input style="width: 95%;" type="text"/>
Sort Code <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

Section 8: Parent/Guardian/Carer(s)/Young Person Declaration

I confirm that the information given on this application form is true and correct

Adult 1 Signature <input style="width: 95%;" type="text"/>	Date	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Adult 2 Signature <input style="width: 95%;" type="text"/>	Date	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Young Person Signature <input style="width: 95%;" type="text"/>	Date	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

Section 9: FOR SCHOOL OFFICE USE ONLY

Date Application Checked	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Checked by	<input style="width: 95%;" type="text"/>
Application Complete?	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Evidence Submitted?	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
		More information needed?	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>