**16‐19 Bursary Scheme**

**Individual Hardship Claim Form 2020‐2021**

Name:Tutor Group:

**Please ensure that you have read the School’s Guidance Notes regarding the Bursary Scheme before completing this form.**

**Important**

* Your application will not be considered if you do not answer all the appropriate sections and attach relevant documents
* Please answer all the questions clearly and by ticking the appropriate boxes
* Return your completed application and claim form along with the required documentary evidence to Mrs Sargeant, Pastoral manager for Sixth Form by no later than **Monday 5th October 2020**

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| **DISCRETIONARY INDIVIDUAL HARDSHIP PAYMENTS (Level 3)** |  |  |
| **Please provide details of course / equipment costs:** Books / Equipment / Materials |  | Amount: |
| Examination re-sits fees |  |  |
| UCAS Application fees / University visits |  |  |
| Education Visits /field trips |  |  |
| DBS Checks for University placements |  |  |
| Sports activities /equipment |  |  |
| Please provide additional information that may be relevant, including details of any other educational costs which may be eligible:                **Recent documentary evidence or receipts must be submitted with this application form** |  |  |

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| **DECLARATION** | |
| I confirm that all information provided on this form is accurate and true. I will notify the School immediately of any change in my or my household’s circumstances. I understand that the Bursary and Discretionary Bursary is payable provided that certain conditions regarding my attendance, behaviour and effort at School are met. I understand that, if I knowingly gave information which is discovered to be false,or failed to notify the School of a change in my or my household’s circumstances, the School will seek to recover from me any monies to which I am not entitled. | |
| Student signature: | Date: |
| Parent signature: | Date: |

**School use only:**

**Hardship Request**

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| Received: |  |  |  |
| Previous Requests Submitted  Yes / No | Authorised Yes / No | Reason | Amount: |

|  |  |  |  |
| --- | --- | --- | --- |
| **This Request** | Authorised Yes / No | Reason: | Amount: |
| Staff Name: | Staff Signature: | Date: |  |
| Staff Name: | Staff Signature: | Date: |  |

Payment Instruction

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