**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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