

ARTHUR MELLOWS VILLAGE COLLEGE



16-19 Bursary Fund Application

First closing date for applications 14 July 2023 (to be assessed at the end of August). Subsequent applications will be assessed from 5 September 2023.

Prior to completing this form please read the General Information document and the Full Bursary Policy (available on the College website). Proof of entitlement will be required to process this application and information provided will be used to contact other sources, as allowed by law, to verify initial and on-going entitlement.

Surname/F		me						
First Name	s							
Date of Birt	th							
Address								
					Post	Code		
e-mail addı	ress							
Home Pho	ne							
Mobile Pho	ne							
Student B	ank or Bu	uilding	Society Deta	ails				
To receive payments, you must have a bank account in your own name that will accept BACS payments. If you do not have a bank account you will need to open one before completing this form.								
Name of A	ccount Ho	older						
Name of B	ank							
Sort Code								
Account No	umber							
Roll Number	er							
Bursary Priority Group This application for assistance from the 16 - 19 Bursary Fund is made under the priority								
group of (pl		nly one):	Medium		Low		Other	<u> </u>
<u> </u>	ligh		weatum		LOW		Other	
Eligibility								
I confirm th	at I meet	the eli	gibility criteria	set out in	Section 1	of the 16-	19 Bursary I	Policy
Free Scho	ol Meals							
I confirm th	ıat I am eı	ntitled	to Free Schoo	l Meals (p	lease tick a	as approp	riate) Yes [No No

I am requesting assistance with: (you <u>must</u> provide details and approximate costs where possible)	Total Requested	Total Approved (for office use only)
Public Transport Travel Costs (bus pass/ticket costs)	£	£
Mileage between home and College (only where applicant is the driver of the car or motorcycle)	£	£
Essential course costs (books, trips, equipment, materials etc)	£	£
School meal costs	£	£
Uniform	£	£
Other (please specify)	£	£

I confirm that the details are true and accurate and accept the terms and conditions of the Bursary Fund (please see Bursary Policy). I understand the College has the right to reclaim funds/equipment costs if I am found to have provided incorrect information.

Student Signature	Date	
Print Student Name	Form Group	

Parental/Carer

I confirm that the details on this application are true and accurate.

Parent/Carer Signature	Date	
Print Parent/Carer Name		
Contact Phone Number		

PLEASE RETURN COMPLETED APPLICATION FORM, WITH INCOME DECLARATION FORM AND PROOF OF HOUSEHOLD INCOME TO FINANCE OFFICE