



## Hylands School 16-19 Bursary Application Form

Name .....

Academic Year.....

Date of Birth.....

Student mobile no.....

Bursary Applied for (tick one box only)

**Vulnerable Student Bursary**

**Discretionary Bursary** (tick one of the options below)

Level 1  for students currently eligible for free school meals **or** the student lives in a household where the parent(s)/guardian(s) are in receipt of Income Support or Universal Credits.

Level 2  for students who live in a household where the gross annual income is less than £20,000.

Level 3  for students who live in a household where the gross annual income is less than £30,000 but more than £20,001.

Please note evidence should be attached to support your application. If no evidence is appended the application will be refused automatically.

Please outline the identifiable financial need e.g. books, transport, etc

**Please read and sign the declaration and return with your application and documentary evidence in a sealed envelope to the School Office marked 'Confidential' and for the attention of Hylands School Business Manager.**

**Declaration by student and parent(s)**

- I agree to my application being scrutinised by the Remissions Committee, whose decision is final and not subject to any appeals process.
- I understand that if I do not behave well, fail to adhere to the Sixth Form contract/code or my attendance is poor then my bursary payment may be withdrawn without notice.
- I confirm that, for level 2 and 3 Bursaries, no other income or financial support is available from another household to support the student.
- If I leave the Sixth Form at any time within 4 weeks of a Bursary being awarded/paid, then I will repay the funds given to me.

**I confirm that:**

The information I have given is, to my knowledge true and correct and Hylands School may seek to confirm any details I have given.

I understand there will be a delay in any funds being released if the application form has not been correctly completed or appropriate evidence of income has not been supplied.

**General Data Protection Regulations:**

I understand that:

The data contained on this form will be held on file for seven years and that Hylands School may make enquiries about the validity of the information provided on this form from other central and/or local government bodies, as deemed appropriate by the school.

The school has a duty to protect the public funds it administers and to this end may use the information provided on this form within this Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

A copy of our Privacy Notice can be found at [www.tkat.org/gdpr](http://www.tkat.org/gdpr).

Student signature:

Parent(s) signature:

Date:

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**Completion by School Staff:**

Name:

Position:

Date:

Signature: