**INITIAL deadline for applications: 26 august 2022**

**16-19 BURSARY & FREE MEALS APPLICATION**

**2022-23 ACADEMIC YEAR (NCD/NCP)**

**Bursary Applications will only be successful if gross household assessed income is £30,000 or below including Tax Credits. If in receipt of Universal Credit assessed net income should be £23,000 or below to qualify.**

Applications may take up to 4 weeks to process. Late applications will be paid pro-rata based on the remaining term weeks in the academic year. If successful, you will be notified of the payment amounts and dates on your decision letter.

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| **1.** | **STUDENT PERSONAL DETAILS** | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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|  | Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | ID No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
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|  | Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
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|  | Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | Age at 31 August 2022: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
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| **2.** | **STUDENT BANK ACCOUNT DETAILS**: ***(to be completed by the student)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | You must provide us with details of **your own** bank account. If you *do not* currently have a bank account in your own name you should arrange to open one with a bank or building society **before** submitting this application. **Payments cannot be made into an account in any other name.**  Name of account holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Account Number *(8 digits):* | | | | | | | |  | |  |  | |  |  | |  | | |  | |  | | |  |  | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Sort Code *(6 digits):* | | | | | | |  | |  | | - | |  |  | | | - | | |  | |  | |  |  | | |
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|  | Building Society roll number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.** | **FINANCIAL NEEDS ASSESSMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | If your application is successful, please tick the areas that the funds will be used for (tick all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Meals | | | | | Essential Books & Equipment | Transport To/From College | | | | | | Course  Trips | | | Interviews /  Open Days | | | | | | | | Other | | | There is currently nothing I need |  |
|  |  | | | | |  |  | | | | | |  | | |  | | | | | | | |  | | |  |  |
|  | If you ticked that you require financial support with travel costs, please indicate below how you intend to travel to college on most days (tick one option)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Walk/cycle | College bus | Public bus/train | Car/Taxi | Other | |  |  |  |  |  |   If you ticked **Other** to either question above, please provide details below;   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.** | | **ARE YOU ELIGIBLE FOR AN ENHANCED BURSARY?**  You may be considered for an enhanced bursary if any of the following applies to you.  Please **tick** any relevant statement(s), if applicable: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  |  | I am currently in care (*letter from Social Worker required as evidence*); | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  |  | I am a care leaver (*letter from Social Worker required as evidence*); | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  |  |  | I receive Income Support or Universal Credit because I am financially supporting myself or financially supporting myself and someone who is dependent on me and living with me such as a child or partner; | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  |  |  | I receive Disability Living Allowance (DLA) or Personal Independence Payments (PIP) in my own right **as well as** Employment and Support Allowance or Universal Credit in my own right. *(you must be in receipt of both benefits and provide evidence for each one).* | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **IF TICKED COMPLETE THE REMAINING SECTIONS YOURSELF** | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **5.** | | **SECTION 5-8 TO BE COMPLETED BY PARENT / GUARDIAN**  **STUDENTS ONLY TO COMPLETE IF TICKED IN SECTION 4**  **OTHER CHILDREN** (aged under 18) | | | | | |
|  | | Set out below the names of each dependent child who is: | | | | | |
|  | |  | | | | | |
|  | | 1. Living at home and is under school leaving age or 2. In full attendance at school or other educational establishment or 3. Living at home and has left school but has no wages or state benefits | | | | | |
|  | |  | | | | | |
|  | | **Names in Full** | **Date of Birth** | **College / School Attending** | | |  |
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| **6.** | | Your Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
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|  | | Relation to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
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| **7.** | | Your husband, wife or partner’s name if he, she or they live with you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | |  | | | | | |
|  | | If no such person lives with you, please write ‘None’ here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
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| **8.** | **INCOME\*** (see note below) | | | | | | |
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|  | **PLEASE TICK TO INDICATE ALL THE INCOME THAT YOU RECEIVE (tick all boxes that apply)** | | | | | | |
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|  | **Earnings:** | | | | | | |
|  |  | | | | | | |
|  | Full / Part-time wages (Myself) | | | | Yes |  |  |
|  |  | | | |  | |  |
|  | Full / Part-time wages (My Partner) | | | | Yes |  |  |
|  |  | | | |  |  |  |
|  | Self-Employed (*provide copy of 2021/22 accounts)* | | | | Yes |  |  |
|  |  | | | | | | |
|  | **Other Income**:  Do you receive any benefits/tax credits/other income? **YES / NO.** If **YES**, tick all that apply; | | | | | | |
|  | CHILD/WORKING TAX CREDIT (*provide* ***ALL*** *pages of 2022/23 Award Notice)* | | | | Yes |  |  |
|  |  | | | |  | |  |
|  | UNIVERSAL CREDIT *(provide latest 3 months of Award Notices*) | | | | Yes |  |  |
|  |  | | | |  | |  |
|  | INCOME SUPPORT (*provide letter/bank statement dated within last 6 months)* | | | | Yes |  |  |
|  |  | | | |  | |  |
|  | JOB SEEKERS ALLOWANCE *(provide letter/bank statement dated within last 6 months)* | | | | Yes |  |  |
|  |  | | | |  | |  |
|  | INCAPACITY BENEFIT / EMPLOYMENT AND SUPPORT ALLOWANCE *(provide letter/bank statement dated within last 6 months)* | | | | Yes |  |  |
|  |  | | | |  | |  |
|  | PENSIONS (including Retirement, Disability, Widow’s, Army, Other) (*provide* | | | | Yes |  |  |
|  |
|  | *letter/bank statement dated within last 6 months)* | | | |  | |  |
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|  | SUPPORT UNDER PART VI OF THE IMMIGRATION AND ASYLUM ACT 1999 | | | | Yes |  |  |
|  |  | | | |  | |  |
|  | ANY OTHER INCOME e.g. Carers Allowance (*provide relevant evidence*)  Please state type of income: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Yes |  |  |
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|  | **\***Evidence for **ALL** income must be included with your application and must be dated within the last 6 months. Applications submitted without evidence will be returned. | | | | | | |
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|  | **Please submit photocopies as originals will not be returned.** | | | | | | |

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| **9.** | **UNDERTAKING BY STUDENT AND PARENT / GUARDIAN**   1. I declare that the evidence given in support of my application is correct and complete to the best of my knowledge and belief and I authorise the college to verify the information stated. 2. I agree to notify the college immediately of any change in my financial circumstances and to supply any additional information which may be required to verify the facts stated. 3. I understand that if this application is successful, payments will be subject to **evidence of effort, good attendance and work performance** (payments will be withheld if I am placed on a Senior Management contract or above) | | | |
| Sign (Student):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | | | |
|  |  | | | |
| Sign (Parent/Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| The information provided on this form is confidential and will only be seen by authorised College staff. It is required and will only be used to process your 16-19 Bursary Fund and Free Meals Application and for the prevention of fraud.  If false or incomplete information is submitted, or if you do not inform college of any part of your income that is relevant, the matter may be referred to the Department for Education or the police. You could face prosecution and college will seek to recover any payments that you are not eligible. | | | | |
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| **10.** | **APPLICATION CHECKLIST** | | | |
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|  | Please ensure that the application is completed fully and correctly and includes all the required evidence. Failure to do so will result in the application being returned to you and the assessment being delayed. Please make sure that you have: | | | |
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|  |  |  | Completed all relevant sections | |
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|  |  |  | Included photocopied evidence for all income.  *If claiming tax credits include* ***all*** *pages of your most recent award letter*. | |
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|  |  |  | *If claiming universal credit* ***include*** *copies of your last 3 months statements.* | |
|  |  |  | *(If you have been on universal credit less than 3 months, please* ***include all*** *available statements and include a note of the start date).*  *If you are self-employed include a copy of your 2021/22 annual accounts* | |
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|  |  |  | Provided the student’s own bank account details in section 2 | |
|  |  |  |  | |
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|  |  |  | Signed and dated section 9 by **both** student and parent/guardian (if applicable) | |
|  |  |  |  | |
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|  | **RETURNING YOUR APPLICATION**  The initial deadline for applications is 26 August 2022, applications can be returned;  By hand to Student Services (Pontefract) or Reception (Doncaster and Bradford).  By post; please ensure that you have paid the correct postage for the weight/size of the envelope. Applications should be posted to:  Bursary Application, New College, Park Lane, Pontefract, WF8 4QR.  If you have any queries regarding this application please email them to: [studentfinance@nclt.ac.uk](mailto:studentfinance@nclt.ac.uk) | | | |