



KING EDWARD VI  
SCHOOL LICHFIELD

## **16-19 BURSARY FUND APPLICATION**

Prior to completing this form please read the 16-19 bursary fund policy. Proof of entitlement will be required to allow the processing of this form.

### **Learner Details**

Surname/Family Name:	
First Names:	
Date of Birth	
Address	
Post Code	
e-mail address	
Home Phone	
Mobile Phone	

### **Bank or Building Society Details**

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 need to open one before completing this form.

Name of Account Holder	
Name of Bank	
Branch	
Sort Code	
Account Number	
Roll Number	

I confirm that the details are true and accurate.

<b>Learner Signature</b>		<b>Date</b>	
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## Parental/Carer Details

Surname/Family Name:	
First Names:	
Date of Birth	
Address	
Post Code	
National Insurance Number	
Home Phone	
Mobile Phone	
Household Income	

This application for assistance from the 16 - 19 Bursary Fund is made under category:

<b>A</b>		<b>B</b>		<b>C</b>	
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I confirm that the details on this application are true and accurate.

Parent/Carer Signature		Date
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