

**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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Learner**  **Signature** |  | Date |  |

PTO

**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:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A** |  | **B** |  | **C** |  |

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

|  |  |  |
| --- | --- | --- |
| Parent/Carer  Signature |  | Date |