



**16-19 Bursary Fund 2024-25**

**FINANCIAL ASSESSMENT FORM**

**1.1 Learner Details**

|                                     |                                                                          |
|-------------------------------------|--------------------------------------------------------------------------|
| Surname / Family name               |                                                                          |
| First name(s)                       |                                                                          |
| Sex (M / F)                         |                                                                          |
| Date of Birth (dd/mm/yyyy)          |                                                                          |
| Age on 31 <sup>st</sup> August 2024 |                                                                          |
|                                     | You must be aged 16, 17, or 18 on 31 <sup>st</sup> August 2024 to apply. |

**1.2 Address Details**

|                         |  |
|-------------------------|--|
| Home Address            |  |
|                         |  |
|                         |  |
|                         |  |
|                         |  |
| Postcode                |  |
|                         |  |
| Home telephone number   |  |
| Mobile telephone number |  |
| E-mail address          |  |

**1.3 School Details**

|                |  |
|----------------|--|
| Name of school |  |
|----------------|--|

**1.4 Student Bank or Building Society account details**

*This should be the name as it appears on your cash or debit card, or statement*

|                                 |  |
|---------------------------------|--|
| Full name of Account Holder     |  |
| Name of Bank / Building Society |  |
| Branch                          |  |
| Sort Code                       |  |
| Account Number                  |  |

**1.5 Course Details**

|                                                                 |  |
|-----------------------------------------------------------------|--|
| Full time / Part time / guided learning hours (g.l.h.) per week |  |
|-----------------------------------------------------------------|--|

## 2.1 Financial Information

|                                                                   |          |
|-------------------------------------------------------------------|----------|
| Are you and / or your sibling(s) in receipt of free school meals? | Yes / No |
|-------------------------------------------------------------------|----------|

Sibling Name(s):

|  |
|--|
|  |
|  |
|  |

**If you or your siblings are in receipt of Free School Meals, you do not need to provide further financial information in the Financial Assessment Section.**

However, where you may be eligible to receive an award of £1,200/year as a member of a named vulnerable group, you will need to provide evidence to support that claim related to certain benefit categories below.

## 2.2 Household Members

|                         | Person 1 | Person 2 |
|-------------------------|----------|----------|
| Surname                 |          |          |
| First name(s)           |          |          |
| Relationship to Learner |          |          |
| Telephone               |          |          |

## 2.3 Financial Assessment – Income

*To be completed by the person(s) responsible for the household bills*

|          |                              |                                       |
|----------|------------------------------|---------------------------------------|
| Person 1 | Are you employed? (Yes / No) | If yes, please submit P60 for details |
| Person 2 | Are you employed? (Yes / No) | If yes, please submit P60 for details |

*If you are not employed please tick the relevant boxes to indicate the benefit(s) you receive.*

| Benefit received | Income Support | Job Seekers Allowance | Employment Support Allowance | Incapacity Benefit | Carer's Allowance | Housing Benefit | Council Tax Benefit |
|------------------|----------------|-----------------------|------------------------------|--------------------|-------------------|-----------------|---------------------|
| Person 1         |                |                       |                              |                    |                   |                 |                     |
| Person 2         |                |                       |                              |                    |                   |                 |                     |

## 2.4 Financial Assessment – Other Income

*Please tick the relevant boxes to indicate all other income received into the household*

| Other Income | Working Tax Credit | Child Tax Credit | Child Benefit | Grants or Bursaries etc | Any other income / benefit – please specify                 |
|--------------|--------------------|------------------|---------------|-------------------------|-------------------------------------------------------------|
| Person 1     |                    |                  |               |                         |                                                             |
| Person 2     |                    |                  |               |                         |                                                             |
| Applicant    |                    |                  |               |                         | Disability Living Allowance<br>Employment Support Allowance |



### 3.1 Evidence

Whatever you have declared in 2.3 and 2.4 above must be backed up by evidence (photocopies accepted) in order for an assessment to be made.

The tables below show the evidence you will need to provide with your application form.

Once you have declared and identified your benefits on the application find the 'Type of Income' that applies to you in the first column and the 'Evidence Required' column will tell you what you need to provide.

| Type of Income               | Evidence Required                                                                                                                                                                                                                      |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Annual Salary                | P60 for tax year 2023-24, or week 52 (last week in March 2024) payslip or month 12 (March 2024) payslip                                                                                                                                |
| Income Support               | Entitlement / Award letter – dated within the last 3 months                                                                                                                                                                            |
| Job Seekers Allowance        | Entitlement / Award letter – dated within the last 3 months                                                                                                                                                                            |
| Disability Living Allowance  | Entitlement / Award letter – dated within the last 3 months                                                                                                                                                                            |
| Employment Support Allowance | Entitlement / Award letter – dated within the last 3 months                                                                                                                                                                            |
| Incapacity Benefit           | Entitlement / Award letter – dated within the last 3 months                                                                                                                                                                            |
| Carer's Allowance            | Entitlement / Award letter – dated within the last 3 months                                                                                                                                                                            |
| Housing Benefit              | Entitlement / Award letter – dated within the last 3 months                                                                                                                                                                            |
| Any other benefit            | Entitlement / Award letter – dated within the last 3 months                                                                                                                                                                            |
| Universal Tax Credit         | Working Tax Credit Award Notice marked "2023-24". Must be for full year and not partial awards (FULL AWARD NOTICE) – A screen shot print out is acceptable<br><br><b>Working Tax credit has now been replaced by Universal Credit.</b> |
| Child Tax Credit             | Working Tax Credit Award Notice marked "2023-24". Must be for full year and not partial awards (FULL AWARD NOTICE)                                                                                                                     |
| Child Benefit                | Award letter                                                                                                                                                                                                                           |
| Grants or bursaries etc      | Relevant paperwork detailing entitlement and amount paid                                                                                                                                                                               |
| Any other income             | Relevant paperwork                                                                                                                                                                                                                     |

\* Evidence required to support Thirsk School 16-19 Bursary Fund Application

4.1 Declaration

*Please read the declaration below and read carefully before signing:*

1. I declare that the statements made on this form are true and to the best of my knowledge and belief are correct in every respect. I undertake to supply any additional information that may be required to verify the particulars given. I understand that if I refuse to provide information relevant to my claim the application will not be accepted. I also undertake to inform the school of any alteration to any of the particulars in writing. I agree to repay the school in full and immediately any sums advanced to me if the information I have given is shown to be false or deliberately misleading.
2. I am aware that the funding covers only this school year and that I must re-apply next year; there is no guarantee that I will receive funding for future years even if I am eligible for the current year.
3. I understand that all Bursary money awarded is linked to attendance, punctuality, work ethic and behaviour and that payment will be stopped immediately if a students' attendance reaches below 95%

Signed (Learner) ..... Date .....

Signed (Person 1 or 2) ..... Date .....

|                 |                |
|-----------------|----------------|
| For School use: | Date Received: |
| Authorised By:  | Date:          |