

LANCASTER GIRLS' GRAMMAR SCHOOL

16-19 BURSARY FUND APPLICATION (VULNERABLE)

Proof of entitlement must be included when the form is returned to the Finance Office.
The application form needs to be handed to the Finance Office as soon as possible, after admission to the Sixth Form, in September and by Friday 14th September at the latest

Learner Details

| | |
|---------------------|--|
| Surname/Family Name | |
| First Names | |
| Date of Birth | |
| Address | |
| Post Code | |
| Email address | |
| Home Phone Number | |
| Mobile Phone Number | |

Bank or Building Society Details

To receive payments, you (the Learner) 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. I understand that to continue to receive funding, I must maintain good levels of attendance, effort and behaviour as stated in the LGGS Sixth Form Contract.

| | | | |
|------------------|--|------|--|
| Signed (Learner) | | Date | |
|------------------|--|------|--|

Application for vulnerable bursary funding – maximum available £1200 per annum

This form should be completed in addition to the main application form and should be submitted with appropriate evidence

Full Name:

Date of Birth:

I wish to apply for funding under the following criteria (please delete as appropriate):

- I am living in care
- I have just left living in care
- I am in receipt of income support
- I am disabled and receive both Employment Support Allowance and Disability Living Allowance

I attach to this form the following pieces evidence to support my application (e.g. official letter giving details of benefit i.e. income support, employment support allowance and disability living allowance or confirmation of looked after status from the local authority).

I certify that the details on this application and the evidence provided are true and accurate.

Signed: (Learner)

Signed: (Parent/Carer)

Date:

Date application received:

Date reviewed by Committee:

Outcome: