## **LANCASTER GIRLS' GRAMMAR SCHOOL**

## 16-19 DISCRETIONARY BURSARY FUND APPLICATION - 2018-19

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 14<sup>th</sup> September at the latest

## **Learner Details**

| <u>Learner Details</u>   |  |  |  |  |      |  |
|--|--|--|--|--|------|--|
| 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<br>(Learner)  |  |  |  |  | Date |  |

## Application for discretionary funding – maximum available £500 per annum

|  | <u> </u>                     |   |
|--|------------------------------|---|
| This form should be submitted                                    | with appropriate evidence    |   |
| Full Name:   |                              |   |
|  |                              |   |
| Tutor Group:   |                              |   |
| I wish to apply for discretiona                                  | ry funding under the followi | ng criteria:                                  |
| My household income  | is below £20,817             |   |
|  |                              |   |
| I wish to apply for support toward                               | ards:                        |   |
| Specific need (i.e. transport)                                   | Amount applied for           | Total   |
|  |                              |   |
|  |                              |   |
|  |                              |   |
|  |                              |   |
| I attach to this form the follow notices, P60/evidence of self e |                              | application (e.g. Tax credit award            |
| I will be able to provide rece<br>this application and the evid  | •                            | ired. I certify that the details on accurate. |
| Signed: (Learner)  |                              |   |
| Signed: (Parent/Carer)   |                              |   |
| Date:  |                              |   |
| Date application received:                                       |                              |   |
| Date reviewed by Committee:                                      |                              |   |
| Outcome:   |                              |   |