

16-19 BURSARY FUND APPLICATION

(All information should be completed and submitted with proof of entitlement)

Prior to completing this form please read the guidance Financial Support information on page 3 of this document.

Applications cannot be approved without proof of entitlement.

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

High priority funding under the following criteria (*please tick as appropriate*):

I am living in care	
I have just left living in care	
I am in receipt of Income Support in my own right	
I am disabled and receiving both Employment Support Allowance and Disability Living Allowance in my own right	

Medium priority funding under the following criteria (*please tick as appropriate*):

My gross household income is below £20,000	
I am in receipt of Free School Meals or have received Free Schools Meals during Years 7 to 11	
My household is in receipt of other means tested benefits	

Low priority funding under the following criteria (*please tick as appropriate*):

My gross household income is between £20,000 and £25,000	
I have another identifiable financial need (please explain below)	

This application for assistance from the 16 -19 Bursary Fund is made under the priority group of:

High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
Up to £1,200 per annum	Up to £600 per annum	Up to £200 per annum
Complete Appendix 1	Complete Appendix 2	Complete Appendix 3

(*please tick one category and fill in the relevant form which can be found at the end of this document*)

Principal:

Tim Dobbs BA (Hons), NPQH

Chiltern Hills Academy
Chartridge Lane, Chesham
Buckinghamshire HP5 2RG

Telephone 01494 782066
office@chacademy.co.uk
www.chilternhillsacademy.co.uk



A Church of England Academy



PARENT/CARER'S DETAILS

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

I confirm that the details on this application and the evidence provided are true and accurate and I have attached the required evidence to this application.

Parent/carer's Signature		Date	
--------------------------	--	------	--

LEARNER'S DETAILS

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

Principal:
Tim Dobbs BA (Hons), NPQH
Chiltern Hills Academy
Chartridge Lane, Chesham
Buckinghamshire HP5 2RG

Telephone 01494 782066
office@chacademy.co.uk
www.chilternhillsacademy.co.uk



DIOCESE OF
OXFORD
A Church of England Academy



LEARNER'S 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. I also accept that if I have any unauthorised absences throughout the school day or effort and/or behaviour falls below acceptable standards, funding may be removed.

Learner's Signature		Date	
---------------------	--	------	--

The application form and appropriate appendix needs to be handed to the Student Services office as soon as possible after admission to the Sixth Form in September.

Principal:

Tim Dobbs BA (Hons), NPQH

Chiltern Hills Academy
Chartridge Lane, Chesham
Buckinghamshire HP5 2RG

Telephone 01494 782066
office@chacademy.co.uk
www.chilternhillsacademy.co.uk



A Church of England Academy



16-19 BURSARY FUND APPLICATION

Prior to completing this form please read the guidance Financial Support information at the back of this document. Proof of entitlement must be included. Please return this form to Mrs Hemsworth, Head of 6th Form.

APPENDIX 1 - APPLICATION FOR 16-19 BURSARY FUNDING - HIGH PRIORITY

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 High Priority Bursary Funding because I am a student in a vulnerable group and attach the following evidence to support my application.

	Please tick
Confirmation from the local authority that I am living in care or am a care leaver	
A copy of my full benefits letter in respect of Employment and Support Allowance	
A copy of my full benefits letter in respect of Disability Living Allowance	
A copy of my full benefits letter in respect of Personal Independence Payments	

I wish to apply for support towards:

Specific need (i.e. transport)	Amount applied for	Total

Principal:
Tim Dobbs BA (Hons), NPQH
Chiltern Hills Academy
Chartridge Lane, Chesham
Buckinghamshire HP5 2RG

Telephone 01494 782066
office@chacademy.co.uk
www.chilternhillsacademy.co.uk



**DIOCESE OF
OXFORD**
A Church of England Academy



I will be able to provide receipts for the above. I confirm that the details on this application and the evidence provided are true and accurate.

Signed: _____ (Learner) Date: _____

Signed: _____ (Parent/Carer) Date: _____

Date application received: _____

Date reviewed by Committee: _____

To be completed by the Academy

Outcome: _____

The application form and appropriate appendix needs to be handed to Mrs Hemsworth, Head of 6th Form as soon as possible, after admission to the Sixth Form, in September.

Principal:
Tim Dobbs BA (Hons), NPQH
Chiltern Hills Academy
Chartridge Lane, Chesham
Buckinghamshire HP5 2RG

Telephone 01494 782066
office@chacademy.co.uk
www.chilternhillsacademy.co.uk



DIOCESE OF
OXFORD
A Church of England Academy



16-19 BURSARY FUND APPLICATION

Prior to completing this form please read the guidance Financial Support information at the back of this document. Proof of entitlement must be included. Please return this form to Mrs Hemsworth, Head of 6th Form.

APPENDIX 2 - APPLICATION FOR 16-19 BURSARY FUNDING - MEDIUM PRIORITY

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 Medium Priority Bursary Funding and attach the following evidence to support my application.

	Please tick
Certified letter from the local authority confirming Free School Meal eligibility	
Universal Credit statements from the last 3 months	
Letter from Department of Work and Pensions confirming benefits	
P60 or wage slips for the past 3 months	
Tax Credit Award Notice	
Evidence of annual income if self-employed (ie a copy of the self assessment tax return)	

I wish to apply for support towards:

Specific need (i.e. transport)	Amount applied for	Total

Principal:

Tim Dobbs BA (Hons), NPQH

Chiltern Hills Academy
Chartridge Lane, Chesham
Buckinghamshire HP5 2RG

Telephone 01494 782066
office@chacademy.co.uk
www.chilternhillsacademy.co.uk



A Church of England Academy



I will be able to provide receipts for the above. I confirm that the details on this application and the evidence provided are true and accurate.

Signed: _____ (Learner) Date: _____

Signed: _____ (Parent/Carer) Date: _____

Date application received: _____

Date reviewed by Committee: _____

To be completed by the Academy

Outcome: _____

The application form and appropriate appendix needs to be handed to Mrs Hemsworth, Head of 6th Form as soon as possible, after admission to the Sixth Form, in September.

Principal:
Tim Dobbs BA (Hons), NPQH
Chiltern Hills Academy
Chartridge Lane, Chesham
Buckinghamshire HP5 2RG

Telephone 01494 782066
office@chacademy.co.uk
www.chilternhillsacademy.co.uk



DIOCESE OF
OXFORD
A Church of England Academy



16-19 BURSARY FUND APPLICATION

Prior to completing this form please read the guidance Financial Support information at the back of this document. Proof of entitlement must be included. Please return this form to Mrs Hemsworth, Head of 6th Form.

APPENDIX 3 - APPLICATION FOR 16-19 BURSARY FUNDING - LOW PRIORITY

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

Full name: _____ **Date of birth:** _____

	Please tick
Certified letter from the local authority confirming Free School Meal eligibility	
Universal Credit statements from the last 3 months	
Letter from Department of Work and Pensions confirming benefits	
P60 or wage slips for the past 3 months	
Tax Credit Award Notice	
Evidence of annual income if self-employed (ie a copy of the self assessment tax return)	

I wish to apply for support towards:

Specific need (i.e. transport)	Amount applied for	Total

Principal:
Tim Dobbs BA (Hons), NPQH
Chiltern Hills Academy
Chartridge Lane, Chesham
Buckinghamshire HP5 2RG

Telephone 01494 782066
office@chacademy.co.uk
www.chilternhillsacademy.co.uk



**DIOCESE OF
OXFORD**
A Church of England Academy



I will be able to provide receipts for the above. I confirm that the details on this application and the evidence provided are true and accurate.

Signed: _____ (Learner) Date: _____

Signed: _____ (Parent/Carer) Date: _____

Date application received: _____

Date reviewed by Committee: _____

To be completed by the Academy

Outcome: _____

The application form and appropriate appendix needs to be handed to Mrs Hemsworth, Head of 6th Form as soon as possible, after admission to the Sixth Form, in September.

Principal:
Tim Dobbs BA (Hons), NPQH
Chiltern Hills Academy
Chartridge Lane, Chesham
Buckinghamshire HP5 2RG

Telephone 01494 782066
office@chacademy.co.uk
www.chilternhillsacademy.co.uk



DIOCESE OF
OXFORD
A Church of England Academy

