

APPLICATION FORM BURSARY – 16 -19 YEAR OLDS
ADULT LEARNER SUPPORT FUND (LSF) 2011-12



You should read the Bursary/Learner Support Fund Leaflets (enclosed) before completing this form. You must provide all the information requested for your application to be processed.

Student full name		Date of birth	
Tutor Group (if known)		Name of Personal Tutor (if known)	
Address			
Postcode			
Telephone nos	Home:	Mobile:	
E-mail address			

To qualify for the Bursary a minimum of 12 hours study per week is required

Mainstream Bursary

Please answer all the questions below:

Do you live independently i.e. not with parents/guardian? YES / NO

Are you in care or have you recently left care? YES / NO

Are you being supervised by a Youth Offending or Probation Team? YES / NO

Are you Homeless? YES/NO

Who do you live with? (tick where relevant)

Homeless on your own with your parents with your partner

Other (please give details

INCOME

If you live with your Parents/Guardian/Carer/Partner we need full details of the HOUSEHOLD INCOME and can only make an assessment once all has been supplied.

Type of Income	Y/N	Amount per week	Evidence to be supplied
IS (Income Support)			Letter of proof or entry on bank statement
ESA (Employment Support Allowance) and Disability Living Allowance			Letter of proof or entry on bank statement
Working Tax Credits/Child Tax Credits			Copy of Award Notice, or entry on bank statement
ALG (Adult Learning Grant)			ALG Award Notice, or entry on bank statement
JSA (Job Seekers Allowance)			Letter of proof, or entry on bank statement
Maintenance/Child Support			Letter of proof, or entry on bank statement
Wage – Parents/Guardian			4 weeks pay slips or entry on bank statement
Other – please state			Evidence required
TOTAL			

We will only request a bank statement when all other forms of evidence requested are neither supplied nor available for whatever reason.

One-off or occasional support during your course

You do not need to have qualified for the Mainstream Bursary to apply for this, but will still need to supply information about Household Income above.

(Please complete as necessary. **If you have receipts you must supply them**)

NB The college may make a contribution rather than pay the full cost even if you qualify.

<u>What do you want to spend support on:</u>	<u>Demonstration of need i.e. why do you need this support</u>	<u>Cost</u>
EXAM FEES		
UNIVERSITY TRIPS/INTERVIEWS/VISITS		
OTHER		

CHILDCARE COSTS

Young Parents aged under 20 at the start of the course should claim CARE TO LEARN

www.directgove.uk/caretolearn . **Older parents should complete this form.**

If you wish to claim childcare costs through the Learner Support Fund you MUST provide proof of Child Benefit

CHILDCARE PROVIDER	CHILD'S NAME	DAYS/HOURS	COST PER DAY/HOUR

Please note you cannot change your hours at Nursery/Childminder/Breakfast and After School Club without consulting college first. Your fees will be calculated for the year and changes can only be made if agreed with the panel

BANK ACCOUNT DETAILS (MUST BE IN THE APPLICANTS NAME)

Name of Account Holder (as shown on statement)	Name/Address of Bank
Sort Code	Account Number

Payment of the MAINSTREAM BURSARY is dependent upon your attending ALL of your timetabled hours and making satisfactory progress in your learning.

Absence/sickness – you are only entitled to 6 days throughout the academic year. You must provide evidence of absence on your return, either by letter from parent/guardian or appointment card/letters for Drs/Dental/Hospital visits.

PLEASE NOTE: Assistance given from the LEARNER SUPPORT FUND is dependent upon your attendance at college remaining above 85%. If your attendance drops below this level, then all support WILL BE WITHDRAWN. If in receipt of childcare funding this will be withdrawn if attendance falls below 85%. All Childcare Providers will be informed of this procedure and will be informed of your absences.

Signed Date
 Assessed by Decision Date