



Application for support with Sixth Form course-related costs

In 2024/25, Sixth Form students at Blessed Hugh Faringdon Catholic School can apply for support with one or more of the following course-related costs:

Transport Specialist Learning Resources Educational Visits Sixth Form Dress

Please read Blessed Hugh Faringdon 16-19 Bursary Fund Policy before completing this form.

Section 1: Student's details						
Full name						
Date of birth						
Address						
(main residence)						
Post code						
Preferred email address						
Who do you live with?						
	Parents Carer Guardian Partner Independently					
Section 2: Vulnerable bursary criteria						
A vulnerable bursary is worth up to £1200 pe						
may be entitled to receive a vulnerable bursa						
groups. Please provide appropriate evidence for each relevant category as defined at the end of this form.						
Are you in local authority care or recently left	care?	YES / NO				
Are you an unaccompanied asylum seeker?)	YES / NO				
Are you receiving Income Support or Univers	al Credit because	YES / NO				
you are financially supporting yourself or som						
dependent on you and living with you?						
Are you receiving Disability Living Allowance (DLA) or Personal YES / NO						
Independence Payments in your own name and either						
Employment and Support Allowance (ESA) or Universal Credit						
Section 3: Discretionary bursary criteria						
The amount of a discretionary bursary is based upon your specific needs and may vary from						
person to person. Discretionary bursaries are subject to availability of funds. To be considered						
for a discretionary bursary you must answer "yes" to at least one of the following criteria and						
provide supporting evidence as defined at the end of the form. In exceptional circumstances applications may be considered from students facing financial hardship but fall outside of the criteria.						
Are you currently in receipt of or entitled to Fi	ree School Meals?	YES / NO				





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Have you received or have been entitled to Free School Meals during the last 6 years (pupil premium)?	YES / NO
Are you a young parent or young carer?	YES / NO
Was the combined total annual income of all household members in the tax year ending 5 April 2024 less than £25000? Please provide evidence as per Section 5	£
Please provide any other information that you would like to be co application.	nsidered as part of your

Section 4: Support requested							
Transport	Applying for support with cost of transport? YES / NO Please outline your specific transport requirements:						
Specific learning resources Educational	Applying for support with cost of specific learning resources/educational visits? YES / NO Please list specific learning resource(s) or educational visits which you need the school to help you to purchase:						
Visits	Item(s)	Approximate cost of item(s)					





Sixth Form dress

Applying for support with cost of Sixth Form dress

Please identify specific item(s) listed within the Sixth Form dress code which you need the School to help you to purchase: **PLEASE NOTE THIS IS CAPPED AT £100**

Item(s)	Approximate cost of item(s)					

Section 5: (a) Financial assessment – Income						
To be completed by the person(s) responsible for the household bills						
	Are you employed? (Yes /					
Person 1	No)	If yes, please submit P60 Tax year 23/24				
	Are you employed? (Yes /					
Person 2	No)	If yes, please submit P60 Tax Year 23/24				

If you are not employed please tick the relevant boxes to indicate the benefit(s) you receive. - Please provide:

- Full copy of Universal Credit awards for previous three months
- Entitlement/award letter dated within the last three months

Benefit	Inco	me	Job		Emplo	oyment	In	capacity	С	arer's	Housing	Council
received	Sup	port	Seeke	r's	Supp	ort	В	enefit	Α	llowance	Benefit	Tax
			Allowa	nce	Allow	ance						Benefit
Person 1												
Person 2												
5 (b) Financial Assessment – Other Income												
Please tick the relevant boxes to indicate all other income received into the household												
Other Incor	me	Woı	king	Child	d Tax	Child		Grants o	r	Any other	income / b	enefit –
	Tax			Cred	dit Benefit			Bursaries please s		pecify		
Credit						etc			j			
Person 1												
Person 2												





Whatever you have declared in **5 (a) and 5 (b)** above must be backed up by evidence for an assessment to be made. **PLEASE BRING THE ORIGINAL COPY TO SCHOOL** (this will be photocopied and the original returned.)

Section 6: Declaration							
Please read the declaration below and re							
I declare that the statements made on this form							
knowledge and belief, are correct in every respectively that may be required by the							
additional information that may be required by the							
given. I understand that if I refuse to provide info							
application is unlikely to be accepted. I also undertake to inform the school of any							
alteration to any of the particulars in writing.							
I agree to give back to the school any course-related benefits given to me if the							
information I have given is shown to be false or de							
•	, G						
I am aware that the funding covers only this scho							
next year. I understand that there is no guarantee t	hat I will receive funding for future						
years even if I am eligible for the current year.							
0: 1/0: 1 1)	Б						
Signed (Student)	. Date						
Signed (Person 1)	Date						
Signed (Ferson 1)	Date						
Signed (Person 1)	Date						
3 ()							
Section 7: Payments							
Payments will be made by BACS transfer to a bank account in the name of the							
student. Payments will normally be made in three instalments: Oct 2024 (50%)							
Jan 2025 (25%) April 2025 (25%)							
Please complete							
Student Bank account details:							
Account Name: Sort Code:							
Account number:							
Account number.							
	Data Danai yadi						
For School use:	Date Received:						
Authorised By:	Date:						
rumonocu by.	Date.						
Bursary Granted: Vulnerable Bursary £	Discretionary Bursary £						
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