

### **Nailsea School and Sixth Form**

16-19 Bursary Fund Application Form 2025 - 2026

The 16-19 Bursary Fund is allocated to the school by the government. It is designed to support post-16 students in full time education with the financial challenges of their continuing education. Students (or their parents/carers) in receipt of the following are eligible for this support. All applications must be submitted annually by the end September. The type of support available varies depending on which of these categories a student (or parent/carer) is eligible for:

Bursary	Status	
Vulnerable Learner payment of £1200 per year	Young people in care / Care leavers Young people receiving income support or Universal Credit because you are financially supporting yourself Disabled young people receiving both disability living allowance and employment & support allowance or Universal Credit Young people receiving Personal Independence and employment & support allowance or Universal Credit	
Discretionary payments	Students currently in receipt of Free School Meals Student households with an in income less than £30,000 per annum Students in exceptional circumstances	

NB. For all payments, students must meet the eligibility criteria for attendance, behaviour and academic standards.









#### **APPLICATIONS FOR THE BURSARY FUND**

Applications for all payment types should be made using the 16.19 Bursary Fund Application Form.

Applications for Vulnerable Learner and Termly Payments should be completed at the start of the academic year. Students who gain eligibility due to a change in circumstances during the year can apply at any stage in the year.

Please complete all the sections of this form. Please complete this form using BLOCK CAPITALS

SECTION 1 – About the Parent/Carer									
Please provide your name as known by the Benefits Agency, Inland Revenue, Liberata or National Asylum Support Service									
Surname:					First Name:				
				_					
Your Date of	Your Date of Birth:  National Insurance Number:								
Address:	Address:								
	Postcode:								
Contact Telep	Contact Telephone Numbers:								
Do you have	a husband	/wife or p	artner living a	t this add	dress?		YES 🗆	NO	
If yes, please give Surname: First Name(s): details:									
Have you moved home in the last 12 months? YES □ NO □									
If yes, please give your previous address:									









#### SECTION 2 - Confirmation of Parent/Carer Benefit Received

Is the *parent(s)/carer(s)* in receipt of:

A. Current Free School Meals? *	YES		NO □		
* Please note we are unable to process your application for bursary funding until you have provided the letter of authorisation from Somerset County Council stating that your application for Free School Meals has been approved.					
B. Ever 6 Free School Meals? *	YES		NO □		
* Please note that the school must either hold evidenced historic records for type of application which we can check for you, or please provide a copy of your last eligibility letter.					
C. Child Tax Credit/Universal Credit? **					
** As proof of receipt of Child Tax Credit and income, please provide a copy of the HMRC Final Tax credits decision document for the most recent financial year for which you have records (or suitable alternative ie bank statement showing credits into the account). If in receipt of Universal Credit please enclose copies of the 3 most recent monthly award statements.					
D. Household income under £30,000 **	YES		NO □		
** Please provide evidence in the form of P60, original tax credit award					

#### **SECTION 3 – Confirmation of Young Person's Status**

Surname:	First Name 8 Middle Names:	
Date of Birth:	Mode of Transport to School: (Please give details, e.g. bus number)	
In the Name of	1	

Is the **Young Person**:

\* Please provide supporting evidence alongside your application.

A. In Care?	YES	NO □
B. A Care Leaver?	YES	NO □
C. Receiving Income Support?	YES	NO □
D. A disabled young person receiving both Employment Support	YES	№ □
Allowance and Disability Living Allowance?		

SECTION 4 – Bank Details of Young Person				
Name of Young				
Person:				

Nailsea Sixth Form | Nailsea School | Mizzymead Road | Nailsea | BS48 2HN | 01275 852251 Mr D. Truan Head of Sixth Form | DTruan@nailseaschool.com | www.nailseaschool.com









(as per bank account)	
Bank Name:	
Sort Code:	Account Number:
SECTION 5 – EXCEPTION	NAL CIRCUMSTANCES
Please provide details	of exceptional circumstances:
SECTION 6 - DECLARAT	TION
I confirm that the inform necessary if circumstanc	nation on this form is correct at the time of completion, and that I will inform the school as es change.

I have attached all necessary evidence, if applicable.

Parent/Carer Signed:	Date:	
Young Person Signed:	Date:	

Please return all paperwork to the Finance Office.





