

## 16-19 Bursary Fund Application Form

**IMPORTANT PLEASE NOTE: TO RECEIVE A SCHOOL BURSARY YOU MUST BE CURRENTLY REGISTERED FOR FREE SCHOOL MEALS IN CAMDEN; IF THIS ENTITLEMENT ENDS, THEN BURSARY PAYMENTS WILL ALSO STOP.**

If you are not currently registered for *free school meals*, **you must apply online before submitting this application form.** You can apply online at [www.camden.gov.uk/fsm](http://www.camden.gov.uk/fsm). Please note that your parent/guardian will need to make the application for free school meals and must therefore have their date of birth and national insurance number to hand when applying.

Please ensure both sections of the form are completed and signed and that you provide evidence where required.

When complete, please pass this form to the Sixth Form Office of your base school.

Filling in this form does not guarantee that you will receive a *LaSWAP Bursary*.

### SECTION 1

#### STUDENT TO COMPLETE SECTION 1 IN CAPITAL LETTERS

Surname			
First name			
Age on 1 <sup>st</sup> September		Tutor Group	
Base school			
Do you have any siblings currently in sixth form?			

#### Eligibility – please answer the following questions

Please circle YES or NO

I am a UK National	YES	NO
I am an EU National	YES	NO
I have or my family member has been granted leave to remain	YES	NO

Are you living under the care of Health and Social Services or with foster parents?	YES	NO
Do you (the student) receive Income Support or Income Based Employment and Support Allowance in your own name? If YES, please provide evidence?	YES	NO
Are you responsible for a child of your own?	YES	NO

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**BANK DETAILS (must be student's own account)**

Name of account holder																				
Name of bank																				
Account number (8 digits)														Sort code (6 digits)						

**Declaration of Student**

*I confirm that the information I have given on this form is correct and complete to the best of my knowledge and belief.*

Student's name \_\_\_\_\_

Student's signature \_\_\_\_\_

Date \_\_\_\_\_

## SECTION 2

**PARENT/GUARDIAN TO COMPLETE SECTION 2 IN CAPITAL LETTERS**

Please circle YES or NO

I believe the household circumstances are such that the student named overleaf is still entitled to free school meals.	<b>YES</b>	<b>NO</b>
I have applied and been approved for free school meals on:	<b>Month</b>	<b>Year</b>

**Declaration of parent/guardian**

*I confirm that the information I have given on this form is correct and complete to the best of my knowledge and belief.*

Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_