

Morecambe Bay Academy Sixth Form

16-19 BURSARY FUND 2022 – 2023

Please Complete in **BLOCK CAPITALS**

Ensure you provide evidence if required

This form should be handed in to the Sixth Form Office

SECTION A – STUDENT'S PERSONAL DETAILS

Name:	Date of birth:	Age:
Address:		
		Home Telephone number:
Student's email address:		

SECTION B – YOUR BANK / BUILDING SOCIETY DETAILS

You must have an account in your own name to receive BACS payments.

Name of Account Holder:	
Name of Bank:	
Branch:	
Account Number:	Sort Code:

SECTION C - VULNERABLE BURSARY FUND LEVEL 1

Are you a child in care? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a care leaver? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in receipt of income support (or universal credit)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in receipt of Employment Support Allowance together with Disability Living Allowance (or personal independent payments)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence attached of your eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION D - DISCRETIONARY BURSARY FUND LEVEL 2

Are you in receipt of Free School Meals? <input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence attached of your eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E - DISCRETIONARY BURSARY FUND LEVEL 3

Is your household income less than £25000? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate the evidence you are submitting: <input type="checkbox"/> P60 <input type="checkbox"/> receipt of benefit entitlement <input type="checkbox"/> Tax Credit Award Notification <input type="checkbox"/> Self Employed Notification
Please state the number of children in the household in full time education:
Purpose of the Award: <input type="checkbox"/> Transport <input type="checkbox"/> Books / Meals / Equipment <input type="checkbox"/> Support with other course related costs

SECTION F – DECLARATION

I confirm that the information provided for this application is true and accurate. I agree to notify the school should there be a change of circumstance. I understand that money may be claimed back if the information provided is false

Signed (Learner):	Signed (Parent / Carer)	Date:
Date application received (official use only)		
Outcome (official use only) Level <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Returned for Evidence		



Morecambe Bay
Academy

Belong | Believe | Achieve

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