Application for the 16-19 Bursary & Free College Meals 23/24



Office use only	
Course and Site	
ULN	
Student Ref Number	

Please note the following:

You should read the 16-19 Bursary and Free College Meals Guidance to make sure you are eligible.

Please ensure you complete all the sections on this form and that you have provided copies of any evidence required. Your application will not be assessed without the correct evidence.

The budget we have for bursaries is limited so we cannot guarantee that we will be able to provide you with the full financial amount requested.

All bursary allocations are made based on the individual students' circumstances; we do not provide flat rates of bursary for students.

Section 1 – Person	Section 1 – Personal Details				
Forename(s)		Surname			
Date of birth					
Address					
Town		Postcode			
Email		Mobile			
		number			
Parent/ carer					
name					
Phone		Email			

Please now comp	le	te ei	ther	section	2 OR	З,	not bo	th.
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If you are unsure what you are eligible for please talk to the Centre Manager in your campus.

Section 2 – Vulnerable Groups Bursary					
Are you (the student)? Please tick one box that is applicable to you					
In care A care leaver	In receipt of Income Support, or Universal Credit because they are financially supporting themselves or financially supporting themselves and someone who is dependent on them and living with them, such as a child or partner				
	In receipt of Disability Living Allowance or Personal Independence Payments in their own right as well as Employment and Support Allowance or Universal Credit in their own right				
Evidence required: Letter from the Local Authority stating you are in care or a care leaver.	Evidence required: Letter from DWP, dated within the past 3 months showing your entitlement all of the relevant benefits.				
If you have ticked any of the boxes above, please go straight to Section 6					
If the above does not apply to you, please continue to section 3.					

Sec	tion 3 – Discretionary Bursary
You	are required to produce evidence for one of the criteria groups (A, B or C).
You	r application will be delayed if you do not provide this
	up A
Are	you, or your parent(s)/ carer(s), in receipt of one or more of the following benefits (please tick all that apply):
	Income Support
	Income Based Job Seekers Allowance
	Child Tax Credit (whilst not receiving Working Tax Credit) & a gross annual income of £16,190 or less
	Universal Credit (with net earnings not exceeding the equivalent of £7,400 per annum)
	Support under Part VI of the Immigration and Asylum Act 1999
	Working Tax Credit Run On (paid for the 4 weeks after you stop qualifying for Working Tax Credit)
	Guaranteed Element of State Pension Credit
	Income-related Employment and Support Allowance (ESA)
	lence required: Letter from DWP, dated within the past 3 months showing your entitlement to the above ticked efits.
Gro	up B
Are	you, or your parent(s)/ carer(s), in receipt of one or more of the following benefits (please tick all that apply):
	Working Tax Credit with a gross household income of under £34,080 per annum
	Housing Benefit or Local Housing Allowance
	Council Tax Reduction Scheme
	Carer's Allowance

Group C					
Are you, or your parent(s)/ carer(s) not in receipt of one or more of the following benefits listed in criteria groups A					
or B but are employed or self-employed with a gross household income of less than £34,080 per annum?					
Yes	No				
Evidence required: Recent P60/ P45, 3 months recent return or accountants' letter.	nt pay slips or evidence of self-employed income, e.g., tax				
Group D					
Are you a young parent?					
Yes	No				
Evidence required: Birth Certificate of child, Child Benefit award notice, or Tax Credit award with Child Tax Credit element.					
Group E					
Are you a young adult carer? (This means that you provide ill, frail, elderly, disabled or misuses alcohol or substance.	le unpaid support for someone who is physically or mentally s)				
Yes	No				
Evidence required: Letter from relevant Local Authority, local carers' organisation or GP.					
Group F					
Are you currently of no fixed abode? (For example, students who are Travellers, living in emergency accommodation, homeless or insecurely housed)					
Yes	No				
Evidence required: Please provide further details in section 5.					

Travel							
I live mo	re than 3 miles f	from college and would like	e help with my travel co	sts			
How will you g	et to college?						
Bus	What is	your nearest bus route/ nu	mber?				
Train	What is	your nearest train station?					
Other	Please p	Please provide more information					
Food							
I would I	I would like to apply for Free College Meals. I have included evidence that I fall into Group A						
I am not	I am not eligible for Free College Meals but would like to apply for support with lunch						
Please note: A	ll support with I	unches come in the form o	f a lunch voucher.				
If you are awa	rded support wi	th lunch, you will be given	a Dietary Requirement	Form from the Centre Tear	n.		
Equipment							
I would I	I would like help with purchasing equipment for my course which I have specified below.						
Headpho	ones	USB Storage stick	SD card	Stationery			

Other				
There may be other costs which occur throughout the year e.g. college trips, exam re-sits or travel to educational/ employment interviews. We understand that you may not know these costs right now so at present we will only be considering support for the categories above. If you have college related costs in the future, please contact the Centre Management teams by visiting the Centre Offices or emailing:				
<u>C.Horne@londonlc.org.uk</u> – for Brighton stud	ents	N.Keene@londonlc.org	g.uk – for Bexhill students	
Section 5 – Additional information				
Please use the space below to provide us with household circumstances or benefits that are	•	· ·	rt your application (for example,	
Bank details				
You must provide us with your bank details so cannot pay into a third parties account. Please				
	Account num			
Section 6 – Student & Parent/ Guardian Declaration				
This declaration must be signed by all students. If the income evidence belongs to the parent/ carer, then we must also have a parent/ carer signature. I/ we certify that the information provided is, to the best of my knowledge and belief, correct. I/ we understand that payments may be reduced based on my attendance and behaviour in all timetabled sessions. I/ we agree to inform the college immediately if I, the applicant, decide to leave my course. I/ we understand that should I leave my course my bursary will end. I, the applicant, understand that information may be shared with the parent/ carer named on the front page of the application. I/ we understand that information provided on this application may be shared with other departments in the college. Student signature: Date:				
Parent/ Carer signature:			Date:	
,				
Please email/ hand this form and all acco	mnanving e	vidence to the helow	contacts:	

Dv8 Admissions

Dv8Admissions@londonlc.org.uk

Office use only				
Application status	Complete	Incomplete		
If incomplete, pleas	e provide more details to what is required			
When complete please send award letter to student.				
Assessed by				