John Masefield Sixth Form Centre Form A: 16-19 Full Bursary Application Form – 2024-25

If you wish to be considered for a Bursary, please read the Guidance Notes and complete this form. Please return with supporting evidence to sixthformstudentsupport@jmhs.hereford.sch.uk or by envelope to: Mrs Laidler, John Masefield Sixth Form Centre, Mabel's Furlong, Ledbury, HR8 2HF

SECTION 1: Student's Details						
Surname		D.O.B				
Forename(s)		Age at 31/08/24				
Address						
Address						
Post Code						
SECTION 2: Residency – Please s	select which of	the following applic	es to v	/ou:		
_						
British Citizen	Ш	EU / EEA Citizen				
		D (
Asylum Seeker	Ш	Refugee				
Indefinite Leave to Remain		Other, please specify:				
		, , ,				
Have you been resident in the UK or El		3 years? Yes		No		
SECTION 2: School Registration	Details					
What date did you start your course(s)?						
Which course(s) are						
you taking?						
SECTION 3a: Student Status - Do	you?					
Live in Local Authority Care	Receive Income Support or Universal Credit - in your					
(please provide proof)		own right. (please provide proof)			Ш	
	Receive Disability Living Allowance or Personal					
Live independently having left Local Authority Care (please provide proof)		Independence Payments in your own right AND Employment Support Allowance or Universal Credit in				
Care (prease previous prees)		your own right (please provide proof)				
Section 3b: Student Status – Do you ?						
I am applying to the fund and live independently or with a partner If you have ticked this box please go to						
Section 5						
I live with parents/carers/guardians (please go to Section 4)						
Section 4: Parent / Carer Details						
Title (Mr / Mrs / Ms) etc	Ac	dult 1		A	dult 2	
Title (IVII / IVIIS / IVIS) etc						
Surname						
Forename (s)						
Relationship to applicant						
The second of th						

SECTION 5: Information and Conditions

- If your application for a Bursary is successful this will be confirmed by letter.
- Payment is conditional on good attendance including punctuality to all lessons and to meeting the standards of behaviour and effort required. Expectations are clearly defined in the contract students signed at enrolment.
 JM Sixth Form may require the student to pay back some or all of an award if the student fails to meet the conditions of the contract.
- Support is subject to funds being available at the time your application is received and assessed.
- All awards made are subject to JM Sixth Form receiving sufficient funds from the government.
- You will need to re-apply and be assessed in each academic year of your study.

SECTION 6: Declaration

Please read declaration carefully before signing:

- I/we declare that the information we have given in support of this application is correct and complete to the best of my/our knowledge and belief.
- I/we will inform you immediately of any change in circumstances at any time, which might affect my entitlement to support (for example if I leave JM Sixth Form or am no longer eligible for the funding).
- I/we understand that if we give information that is incorrect or incomplete or fail to report any changes which
 might affect our entitlement to support, I/we may be asked to pay back the costs received.
- I/we understand that this information will not be shared with third party organisations, except for audit purposes.
- I/we have read and understood the Information and Conditions in Section 5.
- I/we understand that non-compliance with the conditions in Section 5 may result in loss of financial support.

	Please print name	Signature	Date
Student			
Adult (1)			
Adult (2)			

Remember to enclose the following evidence to support your application: e.g Letter from Local Authority, Benefit or Allowance information as listed in Section 3a.

Bank or Building Society Details: to receive payments, the student must have their own bank or building society Account that will accept Direct Debit payments.				
Name of account holder:				
Name of Bank / Building Society:				
Branch:				
Sort Code:				
Account / roll number:				
All information marking decilibration to the equiptors and share decountry				

All information received will be treated in the strictest confidence and stored securely.

Office use only:				
	Date received:		Signature:	
Form checked:				
	Signed:	Print na	me:	Date:
Approved by:				
	Signed:	Print name:		Date:
Letter sent to student to inform				
decision:	Print name:			Date:
If bursary awarded, payment				
arrangements confirmed to Finance:	Print name:			Date:
If refused, reason why:				