

**CONFIDENTIAL**

**Beechwood School**  
**16-19 Bursary Fund**  
**2023-2024 Application Form**



**Section 1: Young Person Details**

Unique Reference Number		Tutor											
Surname		Forename											
Home address _____ _____ _____ _____ _____		Male <input type="checkbox"/>	Female <input type="checkbox"/> (Please tick)										
		Date of Birth <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
		Age on 1st September 2023    Years <table border="1"><tr><td></td></tr></table> Months <table border="1"><tr><td></td></tr></table>											
Home Telephone Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													
Mobile Telephone Number (if applicable) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													
Postcode <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													
Do any of these apply to you? (tick all those that apply)													
I am living independently <input type="checkbox"/>		I am a looked after young person <input type="checkbox"/>											
I do not live with my parent(s) <input type="checkbox"/>		I have been a looked after young person <input type="checkbox"/>											
I am a parent <input type="checkbox"/>		I am living in hostel accommodation <input type="checkbox"/>											
I or my sibling(s) in receipt of Free School Meals <input type="checkbox"/>		I consider myself disabled <input type="checkbox"/>											
I am receiving Disability Living Allowance <input type="checkbox"/>		I receive Income Support in my name or Universal Credit <input type="checkbox"/>											
I receive another Financial Benefit (please state below) <input type="checkbox"/>		I am receiving Employment Support Allowance or Personal Independent Payments <input type="checkbox"/>											
<div></div>													

**Section 2: Residency Status (tick all those apply)**

British Citizen <input type="checkbox"/>	EU/EEA Citizen <input type="checkbox"/>	Asylum Seeker <input type="checkbox"/>	Refugee/Indefinite Leave to Remain <input type="checkbox"/>
Humanitarian Protection <input type="checkbox"/>	Discretionary Leave to Remain <input type="checkbox"/>	National Asylum Support System (NASS) <input type="checkbox"/>	

**Section 3: Programme of Study**

Year Group <table border="1"><tr><td></td></tr></table>		Programme of Study (e.g. AS/A2/ BTEC/GCSE) <table border="1"><tr><td></td></tr></table>		
Subjects	1 <table border="1"><tr><td></td></tr></table>		2 <table border="1"><tr><td></td></tr></table>	
	3 <table border="1"><tr><td></td></tr></table>		4 <table border="1"><tr><td></td></tr></table>	
5 <table border="1"><tr><td></td></tr></table>		6 <table border="1"><tr><td></td></tr></table>		

#### Section 4: Parent/Guardian/Carer(s) Details (to be completed by parent/guardian/carers)

Adult 1	Mr	Mrs	Ms	Miss	Adult 2	Mr	Mrs	Ms	Miss
Full Name					Full Name				
Home address (if different from young person)					Home address (if different from young person)				
Postcode					Postcode				
National Insurance No.					National Insurance No.				
Home Telephone Number					Home Telephone Number				
Mobile Telephone Number (if applicable)					Mobile Telephone Number (if applicable)				
Relationship to young person					Relationship to young person				

#### Section 5: Income Information (to be completed by parent/guardian/carers)

Do you receive any of the following?	Adult 1	Adult 2	Pension Credit	
Income Support or Universal Credit			Income-related Employment Support Allowance	
Income-based Jobseekers Allowance			Student in Receipt of Free School Meals	
What was your total household income for the Tax Year 2022-2023?				£

#### Section 6: Bursary being applied for

Guaranteed	Discretionary	Exceptional*	*please enclose a covering note outlining your needs

#### Section 7: Young Person Bank Details (if the application is successful, payments will be paid into your bank account)

Bank/Building Society Name	Name of Account Holder
Sort Code	Number

#### Section 8: Parent/Guardian/Carer(s)/Young Person Declaration

I confirm that the information given on this application form is true and correct

Adult 1 Signature	Date
Adult 2 Signature	Date
Young Person Signature	Date

#### Section 9: FOR SCHOOL OFFICE USE ONLY

Date Application Checked	Checked by	
Application Complete?	Evidence Submitted?	More information needed?