

**CONFIDENTIAL**

# Beechwood School

## 16-19 Bursary Fund



## Section 1: Young Person Details

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                |  |                     |  |  |  |  |  |  |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |  |                 |  |                                                                                                  |  |                      |  |                                  |                                                        |                              |  |                                                |  |
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| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Unique Reference Number</b></td> <td style="width: 80%;"></td> </tr> <tr> <td><b>Surname</b></td> <td></td> </tr> <tr> <td><b>Home address</b></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td style="text-align: right;"><b>Postcode</b></td> <td></td> </tr> </table>                                                  | <b>Unique Reference Number</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>Surname</b> |  | <b>Home address</b> |  |  |  |  |  |  |  | <b>Postcode</b> |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Tutor</b></td> <td style="width: 80%;"></td> </tr> <tr> <td><b>Forename</b></td> <td></td> </tr> <tr> <td> <b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/> <b>(Please tick)</b> </td> <td></td> </tr> <tr> <td><b>Date of Birth</b></td> <td></td> </tr> <tr> <td><b>Age on 1st September 2024</b></td> <td> Years <input type="text"/> Months <input type="text"/> </td> </tr> <tr> <td><b>Home Telephone Number</b></td> <td></td> </tr> <tr> <td><b>Mobile Telephone Number (if applicable)</b></td> <td></td> </tr> </table> | <b>Tutor</b> |  | <b>Forename</b> |  | <b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/> <b>(Please tick)</b> |  | <b>Date of Birth</b> |  | <b>Age on 1st September 2024</b> | Years <input type="text"/> Months <input type="text"/> | <b>Home Telephone Number</b> |  | <b>Mobile Telephone Number (if applicable)</b> |  |
| <b>Unique Reference Number</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                |  |                     |  |  |  |  |  |  |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |  |                 |  |                                                                                                  |  |                      |  |                                  |                                                        |                              |  |                                                |  |
| <b>Surname</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                |  |                     |  |  |  |  |  |  |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |  |                 |  |                                                                                                  |  |                      |  |                                  |                                                        |                              |  |                                                |  |
| <b>Home address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                |  |                     |  |  |  |  |  |  |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |  |                 |  |                                                                                                  |  |                      |  |                                  |                                                        |                              |  |                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                |  |                     |  |  |  |  |  |  |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |  |                 |  |                                                                                                  |  |                      |  |                                  |                                                        |                              |  |                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                |  |                     |  |  |  |  |  |  |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |  |                 |  |                                                                                                  |  |                      |  |                                  |                                                        |                              |  |                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                |  |                     |  |  |  |  |  |  |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |  |                 |  |                                                                                                  |  |                      |  |                                  |                                                        |                              |  |                                                |  |
| <b>Postcode</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                |  |                     |  |  |  |  |  |  |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |  |                 |  |                                                                                                  |  |                      |  |                                  |                                                        |                              |  |                                                |  |
| <b>Tutor</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                |  |                     |  |  |  |  |  |  |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |  |                 |  |                                                                                                  |  |                      |  |                                  |                                                        |                              |  |                                                |  |
| <b>Forename</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                |  |                     |  |  |  |  |  |  |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |  |                 |  |                                                                                                  |  |                      |  |                                  |                                                        |                              |  |                                                |  |
| <b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/> <b>(Please tick)</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                |  |                     |  |  |  |  |  |  |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |  |                 |  |                                                                                                  |  |                      |  |                                  |                                                        |                              |  |                                                |  |
| <b>Date of Birth</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                |  |                     |  |  |  |  |  |  |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |  |                 |  |                                                                                                  |  |                      |  |                                  |                                                        |                              |  |                                                |  |
| <b>Age on 1st September 2024</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Years <input type="text"/> Months <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                |  |                     |  |  |  |  |  |  |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |  |                 |  |                                                                                                  |  |                      |  |                                  |                                                        |                              |  |                                                |  |
| <b>Home Telephone Number</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                |  |                     |  |  |  |  |  |  |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |  |                 |  |                                                                                                  |  |                      |  |                                  |                                                        |                              |  |                                                |  |
| <b>Mobile Telephone Number (if applicable)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                |  |                     |  |  |  |  |  |  |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |  |                 |  |                                                                                                  |  |                      |  |                                  |                                                        |                              |  |                                                |  |
| <p><b>Do any of these apply to you? (tick all those that apply)</b></p> <p>I am living independently <input type="checkbox"/></p> <p>I do not live with my parent(s) <input type="checkbox"/></p> <p>I am a parent <input type="checkbox"/></p> <p>I or my sibling(s) in receipt of Free School Meals <input type="checkbox"/></p> <p>I am receiving Disability Living Allowance <input type="checkbox"/></p> <p>I receive another Financial Benefit (please state below) <input type="checkbox"/></p> | <p>I am a looked after young person <input type="checkbox"/></p> <p>I have been a looked after young person <input type="checkbox"/></p> <p>I am living in hostel accommodation <input type="checkbox"/></p> <p>I consider myself disabled <input type="checkbox"/></p> <p>I receive Income Support in my name or Universal Credit <input type="checkbox"/></p> <p>I am receiving Employment Support Allowance or Personal Independent Payments <input type="checkbox"/></p> |  |                |  |                     |  |  |  |  |  |  |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |  |                 |  |                                                                                                  |  |                      |  |                                  |                                                        |                              |  |                                                |  |

## 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"/> |                                    | <input type="checkbox"/> |

## Section 3: Programme of Study

|            |   |                                            |   |
|------------|---|--------------------------------------------|---|
| Year Group |   | Programme of Study (e.g. AS/A2/ BTEC/GCSE) |   |
| Subjects   | 1 |                                            | 2 |
|            | 3 |                                            | 4 |
|            | 5 |                                            | 6 |

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 2024-2025? |         |         |                                             | £ |  |

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? |  |