



# St Albans Girls' School

## BURSARY APPLICATION

OFFICE USE ONLY	
Date Received	
Evidence Provided	
Bursary Decision	

### PERSONAL DETAILS

Name:

Tutor Group:

Date of Birth:

Age as at 31 August 2020:

Address:

Tel:

Mobile:

Email:

### FINANCIAL ASSISTANCE APPLIED FOR

I am applying for:

(Please tick required option and complete the appropriate section below)

- High Priority Bursary - Refer to Section 1
- Discretionary Bursary (Band 1) - Refer to Section 2
- Discretionary Bursary (Band 2) - Refer to Section 2

**PLEASE RETURN THE COMPLETED APPLICATION TO:**

**Miss Rose by Friday 18 September 2020**

**NB: Please provide as much supporting documentation as possible.  
A decision can be reached more quickly when full information is made available.**



# St Albans Girls' School

## SECTION 1

### APPLICATION FOR HIGH PRIORITY BURSARY (BAND 1) – Please tick as appropriate

I am currently in Local Authority Care

- I am currently living independently having left Local Authority Care
- I am currently in receipt of Income Support
- I am in receipt of **both** Employment and Support Allowance **and** Disability Living Allowance

**Please provide written evidence of circumstances to support your application**

## SECTION 2

### APPLICATION FOR DISCRETIONARY BURSARY (Bands 1 & 2)

Please tick as appropriate

- I was in receipt of Free School Meals during Year 11\*

My family is in receipt of one or any of the following\*:

- Income Support
- Child Tax Credit
- Working Tax Credit
- Support under Part IV of the Immigration and Asylum Act 1999
- Pension Guarantee Credit
- Employment and Support Allowance
- Job Seekers Allowance (JSA)

***\*Please provide evidence of benefits ticked (eg full – not partial - copy of Tax Credit Award)***

Total Annual household income in the current tax year (including benefits)

- Below £16,000
- £16,000 to £24,000

Please provide proof of income (i.e. Tax Credits Award, most recent P60)

Please indicate number of Dependent Children in the family unit who are living in the same household:



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## SECTION 3

### APPLICATION FOR EDUCATIONAL SUPPORT GRANT

Please provide details of reason for application and evidence of income to support the claim (Tax Credit awards, P60, etc.) indicating amount required and purpose it will be used for:

Please indicate number of Dependent Children in the family unit who are living in the same household:

## DECLARATION

I /We declare that the information given in support of this application is correct and complete to the best of my/our knowledge and belief.

I/We will inform St Albans Girls' School immediately of any change of circumstances, at any time, which may affect my entitlement to support (for example if I leave school or parents' income changes.)

I/We understand that this information will not be shared with third party organisations, except for audit purposes.

I/We understand that poor attendance (unauthorised absence), non-compliance with the Sixth Form Agreement, may result in the loss of financial support.

I/We understand that awards made are subject to the school being in receipt of sufficient funds from the Education Funding Agency.

**Student Signature:** ..... **Date:** .....

**Parent/Guardian/  
Responsible Adult Signature:** .....

**Please Print Name:** ..... **Date:** .....



# St Albans Girls' School

## STUDENT'S BANK ACCOUNT

(Payments will be made directly to the student by BACS transfer)

Name of Bank:

Branch:

Account Title

(ie Name on Bank Card / Cheque Book):

Sort Code:

Account No:

**Please remember to inform Miss Rose if bank account details change through the course of the school year.**