## **South Downs Campus 16-19 Vulnerable Bursary**

## Application Form 2017 – 2018

This form should be completed if you are a student, **aged 16-18** on 31 August 2017 and meet one of the following criteria:-

- o You are in receipt of Income Support in your own name
- o You are a Care Leaver or In Care
- You are a disabled student in receipt of both Employment Support Allowance & Disability Living Allowance or you receive Employment Support Allowance & a Personal Independence Payment in your own name
- o You receive a Universal Credit Payment in your own name

Section 1 - Student Details									
Surname:			First Name (s):						
Address:									
		Postcode:		Date of Birth:					
Home Tel No:	Mobile No:			Student Ref No:					
Course Title:				Age on 31 <sup>st</sup> August 2017:					
	Mobile No:								

Section 2 - Status					
I live with my parent(s)/carer(s)					
I live alone					
I live with my partner					
Other (please state) (e.g. homeless)					
I have dependent children, please state their ages					

Section 3 - Please indicate the criteria that you meet. Evidence must be supplied.							
		Please tick	Evidence Required				
1	Income Support						
2	Universal Credit		Benefits Agency letter stating you currently receive this benefit dated				
3	Employment Support Allowance & Disability Living Allowance		on or after 1 <sup>st</sup> April 2017				
4	Employment Support Allowance & a Personal Independence Payment						
5	A young person who has been <i>looked after</i> for a period of 13 weeks or periods amounting to 13 weeks.		Written confirmation of your current or previous looked-after				
6	A young person who was a looked after child (as defined above) prior to becoming a <i>care leaver</i>		status from the authority whose care you are under or who provided your care leaving services				

Section 4 – Na	ame &	contac	t num	ber of	Socia	al Woı	rker/Sı	upport	Work	er if ap	pplicable	
Name:							Tel No:					
Section 5 - DEC	OUCTIO	DNS - sı	uch as	travel	pass	es, co	urse e	quipm	ent & c	lothin	ng	
would encourage pass.  Please indicate be	you to	do this e items	s so yo	ou do n	ot ha	ive to	pay ou	ut largo	e amou A Stude	ints of	, etc., direct from your bursa f money, for example, your l dvisor will meet with you	•
individually to disc	cuss tn	ese pa	yment	s and	now	tne sy	stem v	viii wo	rk.			T
Bus Pass		Book	S			E	quipm	ent			Clothing/Uniform	
Trips	DBS				St	tatione	ery			Other		
Section 6 – You requested below	ır weel	kly amo	ount w	vill be	paid (	direct	ly into	your b	ank ac	count	, please provide the details	
Full Name of Acco	unt Ho	lder										
Name of Bank/Bui	ilding S	Society										
Branch												
Sort Code												
Account Number												
Your account number in bank or building societ									an find i	t on a		
			er (if a	pplica	ble) a	and ho	ome ac	ldress.	_	addre	ty that shows your name, so ess is different from the add	
•	cial Wo	orkers.	I agre	e to So	outh [	Downs	Camp	us pro	_		if appropriate to contact onal data contained in this	
<ul><li>your course</li><li>Will be paid</li></ul>	ed on 1 e. d one w made	veek in during	arrea Colleg	rs. e holic	day pe						effort and behaviour during er, Christmas and the summe	r.
Signature											Date:	
					_							