

SUTTON COLDFIELD GRAMMAR SCHOOL FOR GIRLS
16-19 BURSARY FUND APPLICATION FORM
2024-25 ACADEMIC YEAR

PROTECTION OF PUBLIC FUNDS

We must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations that handle public funds, and with this in mind, a sample of applications will be chosen at random for full investigation.

DATA PROTECTION

The data controller is Sutton Coldfield Grammar School for Girls. The data you provide to will be used to assess and facilitate your entitlement to help from the 16-19 Bursary Fund. Sutton Coldfield Grammar School for Girls, in fulfilling its data protection obligations, will treat all personal data, held manually and on a computerised database with due care, and will only disclose data in accordance with the Data Protection Act 1998

SECTION A: PERSONAL DETAILS

Surname/Family name

First name(s)

Date of birth

Present Home address

(if your address changes please notify us)

Telephone number

Email address

Year group from September 2024:

Year 12:

Year 13:

SECTION B: STUDENT'S CIRCUMSTANCES

Who do you live with? Please tick all that apply:

<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Parent's spouse/partner	<input type="checkbox"/> Grandparent(s)
<input type="checkbox"/> Foster parents	<input type="checkbox"/> On my own	<input type="checkbox"/> My spouse/partner	<input type="checkbox"/> In care / looked after
<input type="checkbox"/> Other, please explain:			

Have you always lived in the UK?

☐ Yes

☐ No

If **YES** please proceed to Section D.

If **NO** please complete the separate residency information sheet before proceeding to Section D

SECTION C: PLEASE TICK BELOW ONE OR ALL THAT APPLY

☐ A – I am or my family are in receipt of Free School Meals

Please note you will also need to complete a FSM application, available from the school website

☐ B – I am or my family are in receipt of Asylum Seeker Funding from the Home Office

Please provide proof e.g. Home Office letter

☐ C – I am or my family are in receipt of Universal Credit

Please provide proof e.g. Letter of entitlement issued by the benefits office

☐ D – I am a looked after child

Please provide a letter from your social worker

☐ E – Family's gross taxable income is less than £16,190 a year

Please provide a copy of the 2024/25 Tax Credit Award/Universal credit notice or complete your income details below and provide evidence as indicated

☐ F – I am a care leaver

Please provide a letter from your social worker

☐ G – I am disabled and in receipt of Employment Support Allowance and Disability Living Allowance

Please provide proof e.g. Letter of entitlement issued by the benefits office

SECTION D: HOUSEHOLD INCOME

Please complete this section and enclose supporting documentation i.e. copy payslips.

	Parent 1	Parent 2	Evidence
Gross taxable annual salary / wages	£	£	2024 P60 or end of March 2024 payslip
Self employment / property income	£	£	Self assessment tax calculation 2023/24 or certified accounts
Private / Occupational pension	£	£	Pension statement / Pension P60 2024 / Bank statement
State pension	£	£	Pension statement / Bank statement / Benefit book
Benefits (Please specify)	£	£	Letter of entitlement issued by Benefits Office.
Bank or building society interest	£	£	(Evidence only required if over £250.00 for the year) Bank / Building society statement
Share dividends	£	£	(Evidence only required if over £250.00 for the year) Tax vouchers

SECTION E: DECLARATION BY PARENT OR GUARDIAN

It is important that you read the following statement carefully. We will not consider this application unless it is signed and dated by the family members whose income details have been declared above in Section G.

- The information I have given on this form is accurate.
- I will inform you immediately of any change in my personal circumstances as they occur.
- I understand that if I provide false or incomplete information, I will have to repay any money given to the applicant to help with their study.
- I am aware that the applicant will need to confirm how they have spent any funds

Parent 1:

Signed : _____ Name: _____ Date: _____

Parent 2:

Signed : _____ Name: _____ Date: _____

SECTION F: DECLARATION BY STUDENT

It is important that you read the following statement carefully. We will not consider this application unless it is signed and dated by you.

- The information I have given on this form is accurate.
- I will inform you immediately of any change in either my own or my family's personal circumstances as they occur.
- I understand that if I provide false or incomplete information I will have to repay any money given to me to help me study
- I am aware that I will need to confirm how I have spent any funds

Signed : _____ Name: _____ Date: _____
