



16-19 BURSARY FUND APPLICATION FORM | 2025-26

Please read the [accompanying guidance notes](#) carefully

STUDENT DETAILS (Part A) <i>To be completed by the student</i>					
A1	Legal Surname / Family Name				
	Legal First Name(s)				
A2	Date of Birth				
A3	Address	A4 How will you travel to NBP16 (<i>please tick</i>)?			
				Walk	
				Bus	
	Town / City	Train			
	County	Car			
	Postcode	Bike			
		Motor-cycle			
		Other – please state:			
A5	What is the normal weekly cost of your transport to school? (<i>Please submit a weekly bus / train ticket showing the amount paid for your journey</i>) this must be an adult/student ticket		£		
A6	Do you live with adults who are mainly responsible for you?	Yes	No		
A7	Are you in Local Authority care, a care leaver or living with foster parents?	Yes	No		
A8	Do you personally receive Income Support / Universal Credit in your own name?	Yes	No		
A9	Are you a disabled young person in receipt of both Employment Support Allowance and Disability Living Allowance (or Personal Independence Payments)	Yes	No		
A10	Are you a parent who is mainly responsible for at least one child?	Yes	No		
A11	Were you in receipt of Bursary payments in the 2022-2023 academic year?	Yes	No		
A12	If you answered 'Yes' to A11, did you receive a travel payment and for what amount?	£			
Student Bank or Building Society details- These must be student bank details					
<i>Please provide evidence e.g. bank card or statement displaying home address</i>					
A13	Full name of Account Holder <i>This is your name as it appears on your debit card / statement</i>				
	Name of Bank / Building Society				
	Sort Code				
	Account Number <i>This is not the long number on your card but the 8 digit account number</i>				
	Roll Number <i>Only applicable if you are with a building society</i>				

INCOME DETAILS (Part B) *To be completed by the parent(s)/carer(s) with whom the student normally lives*

B1 If the student answered YES to A7, 8 or 9 overleaf, please tick here and progress straight to **B5**.

B2 Is the student eligible for Free School Meals (FSM)? Yes No

If you have answered yes to B2, progress straight to B5. By signing this form you agree to NBP16 staff verifying your entitlement to Free School Meals for the purposes of bursary administration.

B3 Annual Household Income (figures will need to be verified by supporting evidence)

The total should combine any parents, step-parents or carers normally resident with the student

Earned Income (after tax - i.e. amount paid into your bank account)	£	Universal Credit	£
Working Tax Credit	£	Child Tax Credit	£
		Child Benefit	£

Unless you have stated you are eligible for Free School Meals, please enclose proof of income in the form of one of the following:

- A photocopy of your latest Tax Credit Award Notice (form **TC602**). This should be a **full and complete** copy showing the amount of **earned income, working tax credit and child tax credit** for the current tax year.
- **If you receive Universal Credit, please enclose proof of monthly payments for the current year.**
- A P60 (or if self-employed, SA302), plus 3 months of bank statements.

B4 Receipt of Benefits (if applicable)

	Name	Relationship to student
Adult 1		
Adult 2		
Benefit received annually	Adult 1	Adult 2
Carer's Allowance for other child		£
other child' DLA		£
Income-based Jobseeker's Allowance or Employment / Support Allowance	£	£
Support under Part VI of the Immigration & Asylum Act	£	£
Guarantee element of State Pension Credit	£	£

If you have entered details in section B4 you should enclose a photocopy of your letter showing entitlement and amount of benefit received. If you have added details here, your application cannot be processed without proof of benefit.

B5 Home Study Environment

How many children are in the household?		How many bedrooms are in the household?	
Does the student have internet access at home?	Yes No <input type="checkbox"/>	Does the student have a laptop/PC at home?	Yes (shared) <input type="checkbox"/> Yes (own) V No <input type="checkbox"/>

Privacy Notice and Declaration

The information you provide on this form will not be passed to any other organisation and will only be used to assess your eligibility for an award from the 16 -19 Bursary scheme. In signing this form, you are agreeing that you have understood the Privacy notice and the conditions laid out in the Bursary Funding Statement and you are making a declaration that the information given on the form is correct and complete to the best of your knowledge and belief.

Signed	(student)	Date	
Signed	(parent/carers)	Date	

Please return to Ms Dutton (Cotham) or Ms Haine (Redland Green)

OFFICE USE ONLY

Date	Eligible?	Total income assessed	Priority	Travel Payment	Course costs award
/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		£ per week	full <input type="checkbox"/> 2/3 <input type="checkbox"/>
Signed (SSL / LeadMentor)		Signed (Director)			