

#### Explore, fulfil and flourish

Founded with the vision of the 'love I bear learning', we realise Joyce Prankland's original purpose through our values. We also recognise her wider vision, that students and staff would be 'good members of the Common Wealth' ensuring that all members of the community flourish.

Our Values At Joyce Frankland Academy, Newport, we believe that the qualifies expressed by "The 4 I's", are essential to establish life long learning.

- Independence The ability to be self-valiant, self-confident, resilient and show initiative. Imagination The ability to be creative and inventive. Inquisitiveness The desire to be curious and interested.
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- . Insight - The ability to look beyond the obvious.

### **Joyce Frankland Academy**

# **Application form for a 16-19 Bursary**

Please complete this form using block capitals and return to the finance department by no later than 29<sup>th</sup> September 2023.

#### Section 1: Details of Applicant

Full name:		
Home address:		
Post code:		
Home telephone		
number:		
Mobile telephone		
number:		
Email:		
I am living with:	Parent Carers: Yes / No (delete as appropriate)	
	Independently: Yes / No (delete as appropriate)	
I have had the right of abode and been resident in the UK for the last 3 years:		
Yes	/ No (delete as appropriate)	

#### Section 2: Details of Parent / Carer

Full name:	
Home address:	
Post code:	
1050000.	

Home telephone number:	
Mobile telephone	
number:	
Email:	
NI number	

## Section 3: Bursary category applying for

This section asks you to indicate under which category you wish your application to be considered. You will also find details of the evidence you will be required to supply to support your application.

Please indicate with a tick which category you are applying for and confirm that you have provided the evidence required. *Please only tick one category.* 

# Category 1: 16 -19 Vulnerable Group Bursary

Please tick the relevant box to the right for those that apply.

l wish	my application to be considered for a vulnerable group bursary:	
	I am a young person in care or recent care leaver living independently	
	I am a young person in receipt of Income Support or Universal Credit	
	I am a disabled young person in receipt of Disability Living Allowance (DLA) in my name and receive either Employment and Support Allowance (ESA) or Universal Credit.	
	I am a young person in receipt of Personal Independence Payment (PIP) in my name and either ESA or Universal credit	

In support of my application, I am providing either (*Please tick the relevant box to the right for those that apply*:

A written confirmation of my current or previous looked-after status from the Local	
Authority who looked after me, or who provided my leaving care services	
A letter confirming that I am in receipt of Income Support, Universal Credit or	
employment Support Allowance and Disability Living Allowance or Personal	
Independence Payment.	

### Category 2: 16-19 Discretionary Bursary

*Please tick the relevant box to the right for those that apply* 

I wish my application to be considered for a discretionary bursary		1
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### Section 4: How the funds will be used

Please provide details below as to how the bursary funds, if awarded to you, will be used and the amount.

Please note that those students making an application under category 2 will only be eligible to claim funding for meals or transport, if they are advised that they are not entitled to receive a free school meal and assistance with transport costs in line with Essex County Council's Post-16 Transport Policy.

The bursary will be awarded in-kind and in exceptional circumstances with a payment into the student's bank account subject to the conditions outlined in the 16-19 Bursary Award Policy.

If you are unsure of any costs relating to your study programme please speak to your subject teachers before submitting this application.

Category	Specific description (please describe exactly what items you will need to be acquired)	Amount (£)
Essential materials		
relating to course		
Additional course		
costs( for example:		
educational trip or		
visit		
Transport		
Transport		
Meals		
Other		

In order for us to pay the Bursary into your (the Student's) bank account should the need arise, please provide the details below:

Account holder's name	
Bank / Building Society	
8 digit account number	
Roll number if applicable	
Sort code	

# Section 5: Declaration by Applicant and Parent / Carer

I confirm that I have read Joyce Frankland Academy's 16-19 bursary award policy before submitting this application.

I understand that if I leave before the completion of my programme of study, that I may be required to repay all or part of the amount paid to me under the 16-19 Bursary Fund.

I confirm that I will notify the academy of any changes to my financial circumstances that may affect my entitlement to the Bursary Fund, within 14 working days of those changes taking place.

I understand that my information is being held by Joyce Frankland Academy in accordance with the Data Protection Act (2018) and will be shared with other bodies administering public funds to determine the support available and also for the prevention and detection of fraud in connection with this claim. Bank details are required in order to make Bursary Fund payments. These details will be stored in a secure lockable place and held for 6 years, at which time they will be removed and securely disposed of.

I confirm that the information I have provided on this application is correct and to the best of my knowledge and that any false claims or information will be treated as fraud and dealt with accordingly.

Signed (Student)	.Date:
Signed (Parent/Carer)	. Date:

# Academy use only

### Section 6: Statement from Head of Sixth Form

I confirm that this applicant meets the residency and eligibility criteria under which a Bursary may be paid.

I confirm that this applicant is enrolled on a programme of study under which a Bursary may be awarded.

I confirm that the expenditure detailed in Section 3 is relevant and appropriate for the programme of study being followed by this applicant.

Amount awarded: .....

Signed: ..... Date: .....

Name: .....

### Section 7: Finance Department use only:

Application approved / rejected:

Reason for rejection:

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Signed: ..... Date: .....