2020-21



Discretionary Bursary Fund Information For Students aged 16 - 18

<u>Discretionary Bursary Fund – Are you eligible?</u>

To apply to this fund, you must be:

- Aged 16, 17 or 18 at the start of your course (At least 16 and under 19 on 1st September 2020), or aged 19 to 24 with a current EHCP.
- Studying a 'funded' course at Fareham College (students studying apprenticeships are not eligible)
- UK resident or meet sufficient residency criteria
- Living in a household where the income level is below £25,000 per year

<u>Discretionary Bursary Fund - How to apply</u>

- 1. Check that you meet all of the criteria listed above.
- Complete the application form overleaf and attach evidence of household income as listed on the form – please note that photocopied evidence IS acceptable. <u>IF YOU ARE POSTING, PLEASE NOTE</u> <u>THAT ORIGINAL DOCUMENTS WILL NOT BE RETURNED WITHOUT A STAMPED ADDRESSED</u> <u>ENVELOPE</u>
- 3. Send the application form and evidence to the address below (please ensure that you add enough postage), or email the electronic application form and your scanned/photographed income evidence to debbie.goodall@fareham.ac.uk

Discretionary Bursary Fund - What happens next?

- We will aim to process your application within two weeks from the date we receive it.
- If you have **not** answered all of the questions or you have **not** provided evidence of your household income/circumstances, then we will return the form to you and this will delay your application.
- When we have assessed your application we will write to you to explain how your award will be paid. Depending on your chosen course the College may use the funding to;
 - o order equipment or pay for items on your behalf such as bus passes or kits
 - o or reimburse you for equipment/items you have already purchased
 - o or provide you with funding towards the purchase of equipment required for your course
- If your application is unsuccessful we will send you a letter explaining why which will include
 details of how you can appeal the decision.

Email your completed electronic application form and scanned/electronic proof of income to: bursary@fareham.ac.uk

Or

please send your printed completed application form and proof of income to:

Student Support

Fareham College

Bishopsfield Road

Fareham

PO14 1NH

Application for Financial Support 2020-21 16 – 18 Discretionary Bursary Fund



| Section 1: Student Per | sonal Details | | | | | | | | | | |
|--|---|---------------------|----------------------------|--|---|--------------|-------|--------|--------|--|--|
| First Name: | Last | | | | | | | | | | |
| Date of Birth: | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| Post code: | Post code: E | | | | | | | | | | |
| Mobile no: | | Hon | ne tel N | lo: | | | | | | | |
| Section 2: Course Deta | ails | | | | | | | | | | |
| Course Name: | | | | | | Start Date: | | | | | |
| Section 3: Student Per | sonal Circumstar | nces | | | | | | | | | |
| Please ✓ all of the stater | ments below that | t apply to | you | | | | | | | | |
| I live with my parent(s)/guardian(s) I am a young parent | | | | | | | | | | | |
| I live with my partner | | | | lent | | | | | | | |
| I am in Care | | | | | You may be entitled to further support – please do not complete this | | | | | | |
| I am a Care Leaver | | | | | | | | | | | |
| I receive Income Support or Univ and I live independently from m | 19 | | form. Please complete the | | | | | | | | |
| I receive Disability Living Allowance or Personal Independence Payments and Employment & Support Allowance | | | | | Vulnerable Bursary Application Form | | | | | | |
| Section 4: What do you need assistance with? | | | | | | | | | | | |
| | Please ✓ all the | e boxes t | hat yo | u think | may app | oly | | | | | |
| Do you have access to IT fa | ncilities that you ca | n use at h | ome? | e.g. lapto | p/tablet | ? YES | N | NO [| | | |
| Art/Fashion/Media/ | Photography mate | erials | | College bu | ıs pass | | | | | | |
| Catering kit Rail trave | | | | | support | | | | | | |
| Hairdressing and/or Beauty Therapy kit | | | | | | | | | | | |
| Protective clothing for Construction, Motor Vehicle, apply to | | | | | Costs – Please note that you will need to Care to Learn for your childcare funding. | | | | | | |
| or Engineering courses Trips Fee (for essential College trips only) | | | | Please contact the Bursary Support Service on 0800 121 8989 for details on how to apply. | | | | | | | |
| Trips ree (for essent | tial College trips of | 119) | | 121 8989 1 | or details | on now to ap | ріу. | | | | |
| | *F | ree Colle | ege M | leals* | | | | | | | |
| If you received free meals a well. To check if you are el portal: www.clou | at school and are r ligible you will nee dforedu.org.uk | now aged d to apply | 16 – 18 online e-app | 8 you ma e via the I ly | Hampshi | re County Co | uncil | Free M | ⁄leals | | |

more about the process on the College website or from the 'Free College Meals' leaflet.

Section 5: Household Income Details

Please use the table below to tell us about your income. Please note that this is an assessment of household income so you will need to give details for all of the adults you live with. You must provide evidence of your household income with your application, otherwise we will not be able to assess it and the form will be returned to you. PHOTOCOPIES OR SCANNED/PHOTGRAPHED COPIES OF DOCUMENTS ARE ACCEPTABLE. If your financial circumstances are not reflected in any of the categories listed below then please provide a covering letter explaining your situation.

| Type of Income | Please ✓ if you receive | Evidence Required | | | | | |
|--|-------------------------|---|--|--|--|--|--|
| Income Support | | | | | | | |
| Job Seeker's Allowance | | Award letter from the Benefits Agency which is less than 6 months old OR a recent Bank Statement which | | | | | |
| Universal Credit | | | | | | | |
| Employment & Support Allowance | | names/lists the Benefit(s) you receive | | | | | |
| Pension Credit | | | | | | | |
| Working Tax Credit/Child Tax Credit | | All of the pages of your latest Tax Credit Award Notice (there are usually 8 pages) | | | | | |
| Company or Private Pension | | Annual Pension Statement OR a recent Bank Statement which includes Pension amounts | | | | | |
| Salary/Wages from paid employment | | Last 3 monthly wage slips OR P60 | | | | | |
| Self Employed Earnings | | Audited accounts for most recent tax year OR Official Tax Return | | | | | |
| Any other income you think we should consider (please give details here) | | | | | | | |

Section 6: Student Bank Details (Rail Payments Only)

If you are travelling to College by train, we will make termly payments to you towards your train fares via BACS transfer directly into your bank account. Please provide details of your bank account below making sure that all sections are completed.

| Bank/Building Society Name: | |
|---|--|
| Bank/Building Branch (e.g. Fareham, | |
| Gosport, Southampton etc.): | |
| Name of Account Holder: | |
| Account Number (usually 8 digits long): | |
| Sort Code: (6 digits long) | |

Section 7: Additional Information

| Please use this box to pro | ovide us wit | h any addi | tional i | nformation | that | you | think | we | need | to | know | to |
|--|--------------|------------|----------|------------|------|-----|-------|----|------|----|------|----|
| support your application. (Please continue on a separate sheet if you need to) | | | | | | | | | | | | |

Section 8: Declaration

- I certify that the information I have provided on this application form is complete and accurate to the best of my knowledge and understand that if I provide false information my application will not proceed and that the College may reclaim any funding already allocated to me.
- I understand that the information provided on this form may be shared with other departments in the College and External Agencies if necessary.
- I understand that any funding awarded will be subject to satisfactory behaviour, attendance and completion
 of work on the course.
- I understand that this application only applies to one academic year and that I will need to reapply if I require financial assistance with study for further years.
- I understand that if I withdraw from my course I may have to pay back all or some of the monies awarded to me or paid on my behalf.
- I understand that it is my responsibility to inform the Benefits Agency of any financial support I receive that may have an impact on any benefits I receive.

| Please type your name and the date in the boxes below to confirm | n you have read and | accept the cond | litions ab | ove |
|---|---------------------|---------------------|------------|-----|
| Student Name | Date: | | | |
| Parent/Guardian Name Please note that your application will not be assessed the necessary sections and/or if you have not provid | = | all of | ll of | |
| Office Use Only Below this point 16 - | - 18 Bursary | y Fund 20 | 20/2 | 1 |
| Date received: | | | | |
| Student Name: | Person Code: | | | |
| Course: | | | | |
| Travel Costs | | Household Income | £ | |
| | | Disc Support? | Yes | No |
| On course costs | | Other info | | |
| Other | | | | |