

THE GRYPHON SCHOOL

16-19 BURSARY FUND APPLICATION FORM 2025-26

Form to be completed by the student

Please note the following important information:

- You should read the 16-19 Bursary Fund Guidelines 2025/26 to make sure you are eligible to apply.
- Please complete all sections of the form and make sure you provide us with copies of the evidence we need. Your application will not be assessed without the correct evidence.
- The closing date for the first round of applications is **22 Sep 2025**.
- The budget we have available is limited so we cannot guarantee that we will be able to provide you with the financial support you request.
- Payments of all bursaries are dependent on you maintaining attendance of 95% or above on all your courses and behaving appropriately in school.

When you have completed this form please return it, fully completed **with evidence**, to the School Finance & Operations Manager.

SECTION 1: Student personal details

Full Name:		Date of birth:	
Gender: Male ☐ Female ☐		Year Group:	
Your current address:		Your term time address (if different to your current address):	
Your parent(s) / carers(s) name(s) and address(es):			
Your telephone number(s):		Your email address:	

SECTION 2: RESIDENCY

Please select which of the following applies to you:

British Citizen	☐	EU / EEA Citizen	☐
Asylum Seeker	☐	Refugee	☐
Indefinite Leave to Remain	☐	Other (please specify) _____	

Have you been resident in the UK or EU/EEA for the last 3 years?

Yes	☐	No	☐
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SECTION 3: COURSE DETAILS

Which subjects will you be studying in 2025-26:

- 1.
- 2.
- 3.
- 4.

SECTION 4: VULNERABLE STUDENTS

Are you (the student):

Please only tick a box if you are answering "yes"

In Care	☐	A Care Leaver	☐	In receipt of Income Support	☐
In receipt of Employment Support Allowance <u>and</u> Disability Living Allowance or Personal Independence Payment					☐

If you have ticked any of the boxes above please go straight to section 8 of this application. If the above does not apply to you please continue to Section 5.

SECTION 5: DISCRETIONARY BURSARY (you only have to provide evidence for one of the target groups but please answer all questions)

Target Group 1	Did you receive free school meals in Year 11: Yes ☐ No ☐
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Target Group 2	Are your parent(s)/carer(s), in receipt of one or more of the following benefits: <i>Please tick</i> Income Support Income Based Job Seekers Allowance Tax Credits (with gross annual income of less than £30,000) Employment Support Allowance Guaranteed Element of State Pension Credit Housing Benefit or Council Tax Benefit Universal Credit
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Target Group 3	Are your parent(s)/carer(s) not in receipt of one of the benefits listed above but are employed or self-employed with a gross household income of less than £30,000? Yes ☐ No ☐
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Target Group 4	Are you a young parent? Yes ☐ No ☐
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Target Group 5	Are you a young carer? Yes ☐ No ☐
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Target Group 6	Has your parent(s)/carer(s) been affected by redundancy in the last 12 months? Yes ☐ No ☐
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SECTION 6: FUNDING REQUIREMENTS

There may be other costs which occur throughout the year e.g. school trips, exams re-sits or travel to university visits. Please find out the approximate amount and detail of any additional costs from your subject teachers and include these costs now. If you have other study related costs in the future then you will need to ask for advice at the 6th Form Centre Office.

I live more than 2 miles from school and would like help with my travel costs.

Yes ☐ **Please give details including approximate cost**

No ☐

I am eligible for FSM

Yes ☐ No ☐

I am/will be studying course(s) with additional costs e.g. books, equipment, educational trips etc.

Yes ☐ **Please give details including approximate cost**

No ☐

I would like support with school clothing including coats, shoes, bags etc.

Yes ☐ **Please give details including approximate cost**

No ☐

SECTION 7: ADDITIONAL INFORMATION

Please use this space here to give us any additional information you think may support your application:

SECTION 8: BANK DETAILS

Please fill this section in carefully and ensure the information you provide to us is accurate. The details given here must relate to your own bank account and not your parents or any other third party account.

Name of Account Holder

Address of Account
Holding Branch

Sort Code

Account Number

Type of Account
e.g., current or savings

SECTION 9: STUDENT & PARENT/CARER DECLARATION

This declaration must be signed by all students. If the income evidence provided belongs to parent(s)/carer(s) then we must also have a parent/carers signature.

I/we certify that the information given is, to the best of my/our knowledge and belief correct.

I/we understand that payments may be delayed or stopped if I do not maintain the minimum requirement of at least 95% attendance on all my courses or fail to comply with the school's Behaviour policy.

I/we undertake to inform the school immediately if I, the applicant, decide to leave my course.

I/we understand that if I leave your course of study before completion, the school will not pay any remaining bursary instalments to me.

I/we understand that the information provided on this application may be shared with other departments in The Gryphon School.

Student's signature

Date: / /

Parent/Carer's signature

Date: / /

OFFICE USE ONLY

Student Name

Date Application Received

Application Logged

☐

Tutor Group

Application Status

Complete

☐

Incomplete

☐

If incomplete please give more information here e.g., information or evidence required / action(s) taken. Please also include staff initials for any actions taken:

Allocation of Funds

TRAVEL:

Termly Amount

FOOD:

Yes

☐

No

☐

Termly Amount

**COURSE
COSTS:**

1. Subject _____ Amount _____ Payee _____
2. Subject _____ Amount _____ Payee _____
3. Subject _____ Amount _____ Payee _____
4. Subject _____ Amount _____ Payee _____

Head of 6th Form:

Bursar:

LOGGED Y/N:

☐

DATE DECISION LETTER/email SENT: