**Student Bursary  
for 16-18 year olds**

**2024 – 2025**

**1. Will you be under 19 on 31st August 2024 or aged 19-24 on 31st August 2024 AND have an EHC plan?**

|  |  |
| --- | --- |
| **Yes**    **No** | **Go to Section 1**  Do not fill in this form. Ask for a 19 plus Learner Support Form – available from Student Financial Assistance  PLEASE COMPLETE THE FORM IN BLOCK CAPITALS |

**Section 1: Student’s Personal Details**

|  |  |
| --- | --- |
| **First Names:** Click or tap here to enter text. | **Surname:** Click or tap here to enter text. |
| **Address:** Click or tap here to enter text. | |
| **Postcode:** Click or tap here to enter text. | **Date of Birth:** Click or tap to enter a date. |
| **Telephone (landline):** Click or tap here to enter text. | **Mobile:** Click or tap here to enter text. |
| **Email:** Click or tap here to enter text.  **⚠** Make sure you enter your email correctly, as we may correspond with you using your email address. | |

**Section 2: Course Details**

**What is the full title of the course you have applied for starting in September 2024?**

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text.  **-----------------------------------------------------------------------------------------------------------------------------------------------------------------------**  Please note it is important that you write the correct full name of the course you will be studying. e.g., BTEC Level 3 Extended Diploma in Travel and Tourism, not just Travel and Tourism. If you have received an offer letter it will be on this. | | |
|  | |  |
| **At which College Site will you be studying?** | |  |
| Cauldon Campus | Burslem Campus | Other |

**Section 3: Travelling to and from Stoke on Trent College**

**⚠ Please make sure you have filled in your postcode in Section 1.**

**Please select one option below that covers your main transport method:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Bus** | **Walk** | **Bicycle** | **Train** |

**Section 4: Free School Meals Entitlement**

**Were you entitled to receive free school meals on 1 April 2024?**

|  |  |
| --- | --- |
| **Yes** | **No** |

**Section 5: Student’s Personal Details**

|  |
| --- |
| **Are you (the student) a parent yourself who is mainly responsible for at least one child for whom you claim child benefit?**  **Yes  No** ⚠Please provide evidence of your receipt of child benefit. |

**Please read through the statements below and tick the one which applies to you** (please tick one box only)

|  |  |
| --- | --- |
| **Ⓐ** | I claim Income Support or Universal Credit in my own right because I live independently or financially support  someone living with me such as a child or partner  **Please go to Section 6** |
| **Ⓑ** | I am in the care of the Local Authority, a care leaver or living with foster parents  Name of social worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please go to Section 6**  **⚠** If this is a private foster care arrangement please tick box E |
| **Ⓒ** | I claim Employment and Support Allowance **or** Universal Credit **as well as** Personal Independence Payment or  Disability Living Allowance  **Please go to Section 6**  **⚠** If this is a private foster care arrangement please tick box E |
| **Ⓓ** | I (the student) consider myself to be a Young Carer and am registered with a local carer organisation  **⚠** A young carer is a young person who looks after a family member because they have an illness or  disability, or has a drug/alcohol addiction  **Please go to Section 6** |
| **Ⓔ** | I live independently  **⚠** My circumstances are not any of those described above.  If you have ticked this box – We will require additional evidence that you live independently.  Please contact Student Financial Assistance by emailing [studentassistance@stokecoll.ac.uk](mailto:studentassistance@stokecoll.ac.uk) |
| **Ⓕ** | I live with at least one of my parent(s)/ carer(s) or guardian(s) who is mainly financially responsible for me.  **Please ask your parent(s), carer(s)/guardian(s) to fill in Section 7 and 8** |
| **Ⓖ** | I live with my spouse or partner.  **Please fill in Section 7 and 8 with your spouse or partner** |

**Section 6: Evidence Required if you have ticked boxes** **Ⓐ, Ⓑ, Ⓒ or Ⓓ**

**If you have ticked boxes Ⓐ, Ⓑ, Ⓒ or Ⓓ please fill in this section.**

|  |  |  |
| --- | --- | --- |
| **Personal Circumstances** | **Evidence Required** | **Please tick to confirm evidence enclosed** |
| In receipt of Income Support or Universal Credit **and** live independently **or** financially support someone living with you – e.g., child **or** partner. | Up to date award letter which states entitlement to Income Support  **or**  Up to date Universal Credit Statements for the last 3 months, which shows your current monthly income.  We may also ask for evidence of living independently e.g., a tenancy agreement in your name.  **Please go to Section 9 The Declaration at the end of the form** |  |
| In the care of Local Authority or a care leaver, or living with foster parents (not a private foster care arrangement). | A letter from your Local Authority which confirms this.  **Please go to Section 9 The Declaration at the end of the form** |  |
| In receipt of Employment and Support Allowance **or** Universal Credit **as well** as Personal Independence Payment or Disability Living Allowance. | Up-to-date award letter which states entitlement to Employment and Support Allowance **or** up to date Universal Credit statements for the last 3 months which shows your current monthly income  **and** letter showing receipt of Personal Independence Payment or Disability Living Allowance  **Please go to Section 9 The Declaration at the end of the form** |  |
| Registered Young Carer | Letter from your local Carer Organisation which confirms you are registered Young Carer  We also require evidence of household income  **Please ask your parent(s), carer(s), guardian(s) to fill in Section 7 and 8** |  |

**Section 7: Household Details  
Please enter details of Student’s Parent(s)/Carer(s)/Guardian(s) or Spouse/Partner as applicable in table below. If you live with both parents/carers/responsible adults, please enter both their details.**

|  |  |  |
| --- | --- | --- |
| **Adult A** | **First name** Click or tap here to enter text. | **Surname** Click or tap here to enter text. |
| **Relationship to Student** Click or tap here to enter text. | |

|  |  |  |
| --- | --- | --- |
| **Adult B**  **(If applicable)** | **First name** Click or tap here to enter text. | **Surname** Click or tap here to enter text. |
| **Relationship to Student** Click or tap here to enter text. | |

**Section 8: Household Income Details**

**Please tick all boxes which apply to your household and show your current financial circumstances.**

**Do not include any money the student may be earning from part time employment**

**⚠ Do not hand this form in without the correct evidence**

|  |  |  |
| --- | --- | --- |
| **Income Benefit** | **Evidence Required** | **Tick to confirm evidence enclosed with application** |
| Working Tax Credit and/or Child Tax Credit | All pages of your new 2024/2025 Tax Credit Award Notice or Final 2023/2024 Tax Credit Award Notice which correctly states your income for 2023/2024 or your Annual Review for Year Ended 05/04/2024. |  |
| Universal Credit | To assess for eligibility for FREE MEALS: We need your 3 most recent Universal Credit Full Award Statements which state your monthly income (for example: earnings reported by your employer) and any deductions. |  |
| Earnings from Employment | We need one current wage slip from each person who is working. |  |
| Earnings from Self Employment | Self – Assessment Tax Calculation for 2023 – 2024 (Form SA302) or audited accounts |  |
| Council Tax | Council Tax bill showing 25% single person discount (if you are the only adult in the household) **and** you are **not** providing Tax Credit Award or Universal Credit Award. |  |
| Income Support | Recent award letter dated within 3 months which states entitlement to Income Support. |  |
| Job Seeker’s Allowance | Recent award letter dated within 3 months which states entitlement to Income based or Contribution based Job Seekers Allowance. |  |
| Employment and Support Allowance | Recent award letter dated within 3 months which states entitlement to Income Related or Contribution based Employment Support Allowance. |  |
| Guarantee Element of Pension Credit | Recent letter from the pension service dated within 3 months which states entitlement to Pension (guarantee) Credit. |  |
| Support Under Part VI of the Immigration and Asylum Act 1999 | Arc Card and Asylum Support letter or Section 4 – Support Grant letter. |  |
| Carer’s Allowance | Recent award letter dated within 3 months which states entitlement to  Carers Allowance. |  |
| Bereavement Allowance | Recent award letter dated within 3 months which states entitlement to  Bereavement Benefit. |  |
| State, Occupational or Personal Pension | Recent award letter from DWP or letter from relevant organisation dated within 3 months, which shows the amount of payment received. |  |
| Any income (Do not include Child Benefit, DLA, PIP or Attendance Allowance) | We need to know if you have any income other than those listed above. If you have, please provide relevant evidence. |  |

**NOW GO TO Section 9 – THE DECLARATION AT THE END OF THIS FORM**

**Section 9: Declaration**

**DECLARATION BY: Parent(s)/Carer(s)/Guardian(s) Responsible for Student**

**Student’s Spouse or Partner**

**Student**

|  |
| --- |
| **Please make sure you have read the declaration below as by filling in and handing in this application form to the college you are agreeing to the following conditions:**  **Data Protection.**  **You confirm that:**  You have read and understood the guidelines which accompany this application form.  You have filled in all applicable sections and enclosed all necessary evidence.  The information that you have given on this form is – to the best of your knowledge – correct and true.  You will inform the College in writing of any change to your circumstances.  **You agree that:**  Stoke on Trent College can process your personal data contained in this form along with supporting evidence provided as well as on your Student Learning Agreement in order to assess your eligibility for a Student Bursary. If you have given personal information relating to anyone else on this form you have obtained their permission to do so.  Your information where relevant will be shared with 3rd party organisations. Application forms and associated evidence is stored securely on campus: for learners studying off site this data will be stored at one of our main sites (Cauldon Campus or Burslem Campus).  **You understand that:**  You are applying for Public Funds and that you may be committing a criminal offence if you omit to disclose any information that may affect your application.  **You undertake to:**  Repay any award that the student is not untitled to or any amount of money/equipment which has been issued if the student withdraws from their course.  **You understand and accept the following conditions regarding payment of bursary funds**  16-18 Bursary Fund payments to eligible students will only be made if the student has good attendance and behaviour and is making satisfactory academic progress (for example handing in work set on time). If the above conditions are not met payment will **not** be made. |

|  |
| --- |
| **Data Protection Agreement**  Please tick **one** of the following options:  **I have read and understood the Data Protection statement and I agree to the holding and sharing of my data**  **in relation to this application.**  **I don’t agree to the holding of my data in relation to this application and sharing it for funding purposes.** |

|  |  |
| --- | --- |
| Parent/Carer/Guardian Name (Please print) Click or tap here to enter text. | Date Click or tap to enter a date. |
| Signature | |

|  |  |
| --- | --- |
| Student Name (Please print) Click or tap here to enter text. | Date Click or tap to enter a date. |
| Signature | |

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| --- |
| Is there anyone I can talk to if I need help with any aspect of my application?  Yes, you can contact the College’s Student Financial Assistance team at:  **studentassistance@stokecoll.ac.uk** |

All application forms can be returned by post using the address below or in person.

**Student Financial Assistance, Stoke on Trent College, FREEPOST ST1055, Stoke Road, Shelton, ST4 2DG**

**You do not need to pay postage. Please address your envelope exactly as above – DO NOT WRITE ANYTHING ELSE ON YOUR**

**ENVELOPE**

If possible, please send photocopies of evidence, however any original evidence documents will be returned if you have clearly indicated that you want them to be returned.