16-19 BURSARY FUND APPLICATION FORM
2026/2027 ACADEMIC YEAR

IMPORTANT – North Leamington School is registered under the Data Protection Act for holding personal data and has a duty to protect the information and keep it up to date. Please refer to the NLS Privacy notice on the website for more details.
www.northleamington.co.uk/aboutus/policies

SECTION A: PERSONAL DETAILS

Surname/Family name	
First name(s)	
Date of birth	
Present Home address *(if your address changes please notify us)*	
Telephone number	
Email address	

SECTION B: COURSE DETAILS

Name of school	
Course Name and description	

Which year will you be in 12: ☐ 13: ☐ Extra year: ☐

SECTION C: LEARNER'S CIRCUMSTANCES

Who do you live with? Please tick all that apply:

☐ Mother	☐ Father	☐ Parent's spouse/partner	☐ Grandparent(s)
☐ Foster parents	☐ On my own	☐ My spouse/partner	☐ In care / looked after
☐ Other, please explain:			

Have you always lived in the UK? ☐ Yes ☐ No

If **YES** please proceed to Section D.

If **NO** please complete the separate residency information sheet before proceeding to Section D

SECTION D: LEARNER INCOME

Part time job

£ weekly

Benefits

£ weekly

Other

£ weekly

SECTION E: SUPPORT REQUIRED

☐ ***I am applying for the 16-19 Discretionary Bursary because I need help with the following:***

- ☐ Books / Equipment
- ☐ Travel
- ☐ Examination/Registration Fees
- ☐ Field Trips
- ☐ Other_____

I am aware that I will need to confirm how I have spent this payment and provide VAT receipts where possible

Please provide details of the support required and likely costs below: -

SECTION F: PLEASE TICK BELOW ONE OR ALL THAT APPLY

☐ A – I am or my family are in receipt of Free School Meals	**We will check your details with the School Benefits section.**
☐ B – I am or my family are in receipt of Income Support or Universal Credit	**Please provide proof e.g. benefits books or bank statement**
☐ C – I am a looked after child / unaccompanied asylum-seeking child	**Please provide a letter from your social worker**
☐ D – I am a care leaver	**Please provide a letter from your social worker**
☐ E – I am disabled and in receipt of Employment and Support Allowance (ESA) and Disability Living Allowance (DLA) or Personal Independence Payments (PIP)	**Please provide proof e.g. benefits books or bank statement**
☐ F- Family's gross taxable income is less than £16,190 a year ☐ F- Family's gross taxable income is between £16,190 and £20,000 a year ☐ F- Family's gross taxable income is between £20,000 and £35,000 a year ☐ F- Family's gross taxable income is more than £35,000	**Please provide a copy of the most recent Tax Credit Award notice or complete your income details below and provide evidence as indicated**

SECTION G: HOUSEHOLD INCOME Please complete this section if you have ticked box E above and do not have an up to date Tax Credit Award notice			
	Parent 1	**Parent 2**	**Evidence**
Gross taxable annual salary / wages	**£**	**£**	2025 P60 or end of March 2025 payslip
Self employment / property income	**£**	**£**	Self assessment tax calculation or 2024/25 certified accounts
Private / Occupational pension	**£**	**£**	Pension statement / Pension P60 25/ Bank statement
State pension	**£**	**£**	Pension statement / Bank statement / Benefit book
Benefits (Please specify) ……..	**£**	**£**	Bank statement / Benefit book/ Benefits letter
Bank or building society interest	**£**	**£**	(Evidence only required if over £250.00 for the year) Bank / Building society statement
Share dividends	**£**	**£**	(Evidence only required if over £250.00 for the year) Tax vouchers

It is important that you read the following statement carefully. We will not consider this application unless it is signed and dated by the family members whose income details have been declared above in Section G.

- *The information I have given on this form is accurate.*
- *I will inform you immediately of any change in my personal circumstances as they occur.*
- *I understand that if I provide false or incomplete information, I will have to repay any money given to the applicant to help with their study.*

Signed :_____ Date: _____

Signed : _____ Date: _____

SECTION I: DECLARATION BY LEARNER

It is important that you read the following statement carefully. We will not consider this application unless it is signed and dated by you.

- The information I have given on this form is accurate.
- I will inform you immediately of any change in either my own or my family's personal circumstances as they occur.
- I understand that if I provide false or incomplete information I will have to repay any money given to me to help me study
- I have read the 16-19 Bursary Fund Policy 2026-2027.

Signed : _____ Date: _____