

# All Hallows Catholic College

A Voluntary Academy

*Aspire not to have more but to be more*

Brooklands Avenue, Macclesfield, Cheshire SK11 8LB | Telephone: 01625 426138 | admin@allhallows.org.uk | www.allhallows.org.uk

Principal - Mr T Beesley

## APPLICATION TO 16-19 BURSARY FUND 2024/25

### Financial Assessment Form

**Form to be returned to the Finance Office with supporting information by 7<sup>th</sup> October 2024**

To be read in conjunction with the 16-19 Bursary policy

#### **1.0 Student Details**

Surname/Family name	
First name (s)	
Sex (M/F)	
Date of Birth (dd/mm/yyyy)	
Age on 31 <sup>st</sup> August 2024	

#### **Address Details**

Home Address	
Postcode	
Home telephone number	
Mobile telephone number	
E-mail address	
Have you lived in the UK for more than 3 years?	YES/NO

#### **Student's Bank or Building Society account details**

This should be the name as it appears on our cash or debit card or statement and should be the student's account not the parents'.

Full Name of Account Holder	
Name of Bank/Building Society	
Branch	
Sort Code	
Account Number	

#### **2.0 Course Details**

SUBJECT	
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Honourable Purpose



Respect



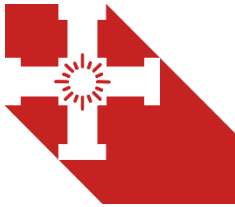
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### 3.0 Information to support your application

<u>ELIGIBILITY</u>		<u>EVIDENCE REQUIRED</u>
<b>Defined vulnerable group students</b>		
Are you In Care / a Care Leaver?	YES/NO	Letter or email from your local authority
Do YOU (not your parents) receive Universal Credit (UC), Disability Allowance (DLA) or Personal Independence Payments (PIP) in your name?	YES/NO	Entitlement / Award letter – 3 most recent monthly award statements
<b>DISCRETIONARY STUDENTS</b>		
Were you eligible for Free School Meals at 31 <sup>st</sup> August 2024?	YES/NO	Letter/student record held in school. Please also complete the next page
Is your household income under £28,600?	YES/NO	Please complete the next page
If you do not meet the above criteria, but are able to demonstrate financial hardship for other reasons, please note these reasons here:		



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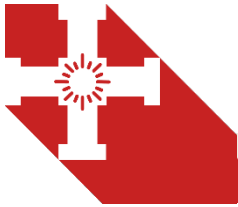
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This next section must be completed by any Parent(s) / Carer(s).

- Please provide photocopies of documentation to support any and all income sources, the list below is indicative, but not exhaustive due to the broad range of incomes available.
- ALL figures quoted below must be annual income figures.
- Failure to complete the section below with annual income figures in full may result in your application being delayed or rejected.

	Parent/carer 1	Parent/carer 2
Name		
Daytime tel no:		
<b>N.B All documentation must relate to tax year ending April 2024</b>		
Employment income (P60 to Apr 24)		
Income from absent parent child support maintenance		
Income support universal credit/job seekers allowance/tax credits – please provide letter of entitlement from DWP for year to April 2024		
Disability living allowance - letter of entitlement or bank statement		
Other household income not listed above – please specify and give official evidence (e.g child benefit)		
Total annual income (gross) for tax year to April 2024		



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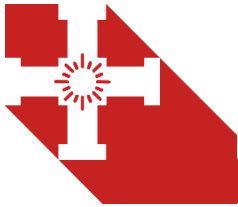
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## 4.0 Anticipated expenditure

Please use this table to tell us what you will need financial assistance for (e.g contribution towards travel, specific equipment, books etc). Please note that amounts requested will be considered but we may not be able to offer the full amount requested. Receipts will need to be provided for all purchases.

<u>Details of resources/expenses</u>	<u>Estimated amount</u>
Books, equipment and other resources required	
Transport required to travel to/from your home to sixth form	
Educational/university visit expenses	
Student attire	
Other	
<b>Total amount</b>	

## 5.0 Declaration

Please read the declaration below and read carefully before signing:

1. I certify that the information in this application is true and accurate.
2. I understand that it is my responsibility to supply any additional information that may be required to verify the particulars given.
3. I will inform the college of any change of circumstances.
4. I agree to repay the college in full and immediately any sums advanced to me if the information I have given is shown to be false or deliberately misleading.
5. I understand that any payments are conditional upon meeting my school's expectations of attendance/behaviour/progress.
6. I am aware that the funding covers only this school year and that I must re-apply next year; there is no guarantee that I will receive funding for future years even if I am eligible for the current year.

Signed (Student) ..... Date .....

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

We will write to you to notify you of the outcome of your application for the student bursary.



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