St John Fisher School Sixth Form 2026-27

16-19 Bursary Application Form

Student name: **Form:**

Date of birth: **Student email / contact number:**

Type of bursary

☐ Bursary for Students in Defined Vulnerable Groups (up to £1,200, based on assessed need)

☐ Discretionary Bursary

Defined Vulnerable Group Eligibility

Please tick Yes or No. If you answer Yes, please attach appropriate evidence.

Question	Yes	No
Are you currently in the care of a local authority?	☐	☐
Have you recently left local authority care?	☐	☐
Do you receive Income Support or Universal Credit because you are financially supporting yourself (or yourself and a dependent living with you)?	☐	☐
Do you receive DLA or PIP in your own name and either ESA or Universal Credit?	☐	☐

Discretionary Bursary - Household Circumstances

☐ I currently receive Free School Meals.

☐ My household receives Universal Credit.

Gross annual household income: £_____

Number of dependent children in the household: _____

Please attach evidence of household income, for example a recent Universal Credit statement, benefit award letter, payslips/P60 or other appropriate evidence.

St. John Fisher
CATHOLIC COMPREHENSIVE SCHOOL

Supporting Evidence and Declaration

Support Requested

Please identify the essential costs for which you are requesting support and give an estimated amount where possible.

Essential cost / item	Why it is needed for your study programme	Estimated cost
		£
		£

Evidence enclosed (tick all that apply):

☐ Free School Meals confirmation

☐ Benefit award letter

☐ Evidence of care / care-leaver status

☐ Universal Credit statement

☐ Payslips / P60

☐ Other: _____

Student Bank Details

Complete this section if a cash payment is required. Where appropriate, the school may instead provide support in kind. If the student does not have a bank account, please speak to the School Business Manager.

Account holder's name:	
Bank name:	
Bank address:	
Account number:	
Sort code:	

Student Declaration

I confirm that the information provided in this application is accurate and complete. I understand that bursary support is based on my individual financial need and essential participation costs, and that I may be asked to provide further evidence. I agree to inform the school if my circumstances change.

Student signature: **Date:**

Student name:

Privacy

The information provided on this form will be used to assess eligibility for, and administer, the 16-19 Bursary Fund. Information will be handled in accordance with the school's data protection and privacy arrangements.

Free School Meal Applications

To apply for your child/children's free school meals, please visit: https://www.cloudforedu.org.uk/ofsm/medway/
and make an online application.