

**16 to 19 Bursary Fund Application Form**

**2025-2026 Academic Year**

***Please read the 16 to 19 Bursary Fund Guidance Notes before completing this form.***

**Section 1: Applicant Details (Learner)**

Last Name:

First Name:

Title:

Address:

Postcode:

Mobile Telephone No:

Home Telephone No:

\*E-mail Address:

\*We will use your e-mail address to send all correspondence to you – please ensure this is included

Age at 31st August 2025

:

Date of Birth:

Site: The Ridge Employability College

**Section 2: Residency**

Please tick the appropriate box Yes No

|  |  |  |
| --- | --- | --- |
| Have you been a resident of the UK or a national of any EU country for the 3 year period preceding your course start date? |  |  |

If ‘No’, please contact College for advice

**Section 3: Residential Status**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Mother |  | Father |  |
| Parent’s spouse/partner |  | In care/looked after |  |
| Foster parents |  | On my own |  |
| Other: please give details | | |  |

**Section 4: Learner’s Eligibility/Supporting Documents** Please complete **either** Part A or Part B below:

Tick the box applicable in the Part you complete and note the documents needed to support the application. The supporting documents must be enclosed with the application form. If you live with a parent/carer, their information is required for the proof of income. If you do not have the specified documents, please contact us to discuss possible alternatives.

**Part A: Please tick only 1 box, then go to Section 6**

|  |  |  |
| --- | --- | --- |
| **Vulnerable Bursary-Vulnerable Learners:** | **Tick** | **Supporting Documents needed** |
| Young people in care or care leaver |  | Letter from care home/social worker/local authority |
| Young people in receipt of Income Support (or Universal Credit in place of Income Support) in their own right |  | Copies of the benefits paperwork |
| Young people in receipt of Employment and Support Allowance or Universal Credit and Disability Living Allowance or Personal Independence Payments in their own right |  | Copies of the benefits paperwork |

**Part B: Please tick the relevant boxes, then go to section 5**

|  |  |  |
| --- | --- | --- |
| **Discretionary Bursary-Other Learners** | **Tick** | **Supporting Documents needed** |
| Young people who are claiming, or are eligible to receive free school meals |  | If you were claiming free school meals in Year 11, this information will be provided from your feeder school. If you want to apply for free meals, please tick this box |
| Young people whose household receives income-based means tested benefits AND/OR whose gross annual household income is below £25,000  (Household income-this includes the combined incomes, where there is more than one source of income, of parents with parental responsibility and partner living in the household. Household income does not include income from siblings who are working, or money earned by the learner themselves from part-time employment) |  | Please supply one or more of the following:  (copies)   * award letter (less than 3 months old) for income based benefits * tax credit award notice for the current financial year (not provisional) * P60 (tax year ending April 2024) or the last 3 months pay slips * Evidence of self-employed earnings (certified accounts for 2023/24 tax year) |
| Young people with significant caring responsibilities at home and who are not in receipt of a Carer’s Allowance |  | Supporting letter from social worker or parent |
| Young people who have been affected by sudden exceptional changes to their financial circumstances |  | Supporting letter from parent/carer or please contact the Head of College in confidence for advice |

**Section 5: Bank Details**

In the majority of cases, successful applicants will receive an award ‘in kind’ in the form of a bus pass, contribution towards meals, or help with educational visits, for example. Where monetary payments are made, these will be made by BACS transfer into the learner’s own bank account. Please insert the details below

|  |  |
| --- | --- |
| Account holder name (learner)  as shown on statement |  |
| Name of Bank |  |
| Address of Bank |  |
| Sort Code |  |
| Account Number |  |

**Section 6: Declarations**

**Please be aware that the funding covers only this academic year and there is no guarantee that funding will be available for future years, even if you are eligible for the current year.**

**Learner Declaration:**

I declare that all information I have provided in support of this application for The Ridge Employability College Bursary is correct and complete to the best of my knowledge and belief. I understand that if false or incomplete information is submitted which results in an overpayment, all future payments will be stopped, and the college will seek repayment of payments made. The matter may also be referred to the Education and Skills Funding Agency and/or the police, with the possibility of facing prosecution. I undertake to notify the college in writing of any changes to the information provided, which may affect my eligibility for the Bursary.

By signing this declaration, I confirm agreement to all the conditions and eligibility criteria of the scheme. If for any reason, I leave the college or fail to abide by the behaviour or attendance policy, I undertake to return the award upon request and I understand that the college may withhold payments.

Signed …………………………………………………… Date …………………………

Full name (in block capitals) ……………………………………………………………..….

**Parent/Carer Declaration:**

I declare that all information I have provided in support of this application for The Ridge Employability College Bursary is correct and complete to the best of my knowledge and belief. I understand that if false or incomplete information is submitted which results in an overpayment, all future payments will be stopped, and the college will seek repayment of payments made. The matter may also be referred to the Education and Skills Funding Agency and/or the police, with the possibility of facing prosecution. I undertake to notify the college in writing of any changes to the information provided, which may affect the eligibility for the Bursary.

By signing this declaration, I confirm agreement to all the conditions and eligibility criteria of the scheme. If for any reason, the learner named on this form leaves College or fails to abide by the behaviour or attendance policy, I undertake to return the award upon request and I understand that the college may withhold payments.

Signed …………………………………………………… Date …………………………..

Full name (in block capitals)…………………………………………………………………

Please return the completed application form and all supporting documents in an envelope marked ‘Bursary Application’ to:

**Sharon Brookes**

**The Ridge Employability College**

**10 Ebor Court**

**Malton Way**

**Adwick-le-Street**

**Doncaster**

**DN6 7FE**

The application form can be submitted by email, post or in person

The application form will only be seen by the Head of College and the Curriculum Manager. If you make an appeal against a decision, the Appeals panel may also see your application form.

If you need any further information or assistance, please contact the Curriculum Manager:

sharon@theridgecollege.co.uk

Telephone: 01302 897445 / 07429943136

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|  |  |  |
| --- | --- | --- |
|  | Signature: | Date: |
| Application form received |  |  |
| Form checked for full completion |  |  |
| Evidence provided: Please list- |  |  |
| Evidence checked |  |  |
| Requested further information/documents: |  |  |
| Eligibility criteria:  Learner is aged between 16 & 19 years YES/NO  Learner is aged between 19 & 24 years with an EHCP YES/NO  Learner is enrolled on a valid learning programme at a valid provider YES/NO |  |  |
| Application approved? YES/NO  Reason for rejection |  |  |
| Decision letter sent to learner (emailed) |  |  |
| Meeting held with Head of College |  |  |
| Learner’s name and date of birth: ………………………………  ………………………………  Original birth certificate YES/NO  Current passport YES/NO |  |  |
| **Appeal**  Date appeal request received  Appeal hearing date  Persons present at hearing  Appeal decision  Notification sent to applicant |  |  |