



16-19 BURSARY FUND APPLICATION FORM 2024/25

Student Name:		Year Group:			
Home Address:					
Post Code:		Daytime Contact No:			
Please tick the type	e of Bursary you are applying for:				
Vulnerable Bursary Discretionary Bursary					
HOUSEHOLD INCOME: Please state total of all income for the household in which the student lives. This should include, but is not restricted to:					
Income Type		Evidence (please enclose copy)	£ amount		
Annual net earnings	s (from any type of employment)	P60 or bank statement			
Universal Credit		Most recent Award Statement			
Spousal Maintenand	се	Court/private agreement/bank statemer	nt		
Child Benefit/Tax Cr	edit	Award Notice**			
Other benefits (Inco	ome, Housing etc.)	Benefit Decision Notice			
Other (please specif	fy)				
Total net household	l income per annum				
	y of the Award Notice must be inclu	student whose parents/guardians are not ded with this application.	in receipt of		
Please confirm eligi	bility for payments as per Bursary Po	licy:			
Student in Local Aut	thority Care				
Care Leaver					
Student in receipt o	of Income Support/Universal Credit				
Disabled student in receipt of DLA or PIP/ESA/Universal Credit					
List supporting docu	uments provided as evidence [please	provide copies, not original documents]:			

Discretionary Bursary			
Please confirm eligibility for p	ayments as per Bursary	Policy:	
Free School Meal Student		In receipt of Universal Credit	
Please state number of deper	ident children in housel	nold:	
Please specify the Special Edu costs (e.g. transport to school	•	you are requesting financial help for, and the rele	vant
List supporting documents pr		ase provide copies, not original documents]:	
List supporting documents pro	svided as evidence (piec	ase provide copies, not original accuments].	
Declaration by student			
requirements for the type of	bursary that I am apply edge and I will advise Le	und Policy 2024-25 and confirm that I meet the cing for. The information contained within my apping igh Academy Tonbridge of any change in circums	olication is
Signed:		[Student]	
Name:		Date:	
Declaration by parent/guard	ian		
criteria and requirements for child's application and any su	the type of bursary bei pporting documentatio edge. I/we will advise L	ry Fund Policy 2024-25 and confirm that I/we me ng applied for. The information contained within n regarding our family circumstances is true and eigh Academy Tonbridge of any change in circum	my accurate
Signed:		[Parent/Guardian]	
Name:		Date:	

Please return the completed application form and copies of supporting documents to: Admissions - Leigh Academy Tonbridge, Brook Street, Tonbridge, TN92PH