



St Peter & St Paul

Catholic Voluntary Academy
Pro Petro Paulo Patria

BURSARY APPLICATION 2024-25

PART A - INCOME DETAILS

A1. Young Person Details

Surname/Family Name: _____

First Name: _____

Date of Birth: _____(DD/MM/YYYY)

Address: _____

A2. Does the young person named above live with you at the address shown? **YES/NO**

A3. Is your child receiving Income Support or Universal Credit in their own right? **YES/NO**

If yes, go to A8.

A4. Is your child eligible for Free School Meals? **YES/NO**

If yes, go to A8.

A5. Is your child currently in care or a care leaver? **YES/NO**

If yes, go to A8

A6. Fill in the details below if you are the adult(s) responsible for the young person and the young person lives with you.

ADULT 1

ADULT 2

Surname/Family Name: _____

First Name: _____

Relationship to young person:

- | | | | |
|---------------------------------|--|---------------------------------|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Mother | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Father | <input type="checkbox"/> Step-parent | <input type="checkbox"/> Father | <input type="checkbox"/> Step-Parent |
| <input type="checkbox"/> Aunt | <input type="checkbox"/> Partner of parent | <input type="checkbox"/> Aunt | <input type="checkbox"/> Partner of parent |
| <input type="checkbox"/> Uncle | | <input type="checkbox"/> Uncle | |

Other: _____

National Insurance Number: _____

A7. Please give details of your gross household income, including any benefits or pensions.

Adult 1
£ _____

Adult 2
£ _____

Please include a copy of **one** of the following:-

- Evidence of benefits/pension.
- P60.
- Tax credit award notice.
- Evidence of self-employment.

A8. Adult Declaration

If you give false or incomplete information, or if you do not tell us about any part of your income that is relevant, you may have to repay any bursary awarded. As part of our assessment process we will assess application forms and may ask for further evidence. If that evidence is not provided, or results in a lower award being due, we may stop any future payments and seek repayment of anything paid.

I/We have read and understood the Privacy Notice Above

I/We declare that all information given in support of this application is correct and complete to the best of my/our knowledge and belief.

I/We understand that:

- I/we share responsibility for the information given with an partner named on this form
- if the young person applying for a Bursary with this form does not keep to their Bursary Agreement, or if they leave their learning programme, they will not be eligible to receive further payments and any Bursary overpaid may need to be repaid
- the information I/we have given may be shared with other agencies or organisations, as allowed by law, for the purposes of checking this application and/or the prevention of fraud

I/We authorise the Department for Work and Pensions to disclose information regarding any benefits and allowances for the purposes of assessing an application for a Bursary.

Signed: _____ Dated: _____