



DAVENANT FOUNDATION SCHOOL

Chester Road, Loughton, Essex IG10 2LD

www.davenantschool.co.uk



Bursary Application Form

Name Form..... Date of Birth
Address (inc postcode) Home tel no.....
..... Student mobile no.....
..... Parent mobile no.....

Bursary Applied for (tick one box only)

- Level 1 ☐ For students in care, care learners, students receiving Income Support/Universal Credit and disabled young people receiving both Employment Support Allowance and Disability Living Allowance
- Level 2 ☐ For students who received Free School Meals in Year 11 and are currently eligible for Free School Meals
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- Level 3 ☐ For students who can demonstrate considerable identifiable financial need. Please state what the identifiable financial needs are here
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- Level 4 ☐ One-off discretionary financial agreement for young people with caring responsibilities or students that fall into temporary financial difficulty, to contribute towards costs for study trips or resources required to complete their course
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Please note, evidence should be attached to support your application. If no evidence is appended, the application will be refused automatically.

If you are successful in your application, we will need your bank details (**student's - not parent/carer**). Please confirm your bank account name, account number, sort code and address:

Student's Account Name.....
Student's Sort code..... Student's Account No.....
Bank Branch address.....
.....

Where possible we will provide assistance in kind rather than by payment, e.g. providing free or subsidised curriculum activities.

Please read and sign the declaration overleaf and return this form together with documentary evidence, in a sealed envelope to the Sixth Form Office marked 'Confidential'.

Declaration by Student and Parent(s)

I agree to my application being scrutinised by the Remissions Committee, whose decision is final and not subject to any appeals process.

I understand that if I do not behave well, fail to adhere to the Sixth Form contract/code or have attendance below 95% then my bursary will be withdrawn without notice.

I confirm that no other income or financial support is available from another household to support the student.

I agree to retain all receipts so that they can be provided for audit purposes and submit them when I am asked for them.

PTO....

I confirm that the bursary is required for: **(Please tick boxes below that are relevant to your needs)**

- a) ☐ Transport to and/or from Davenant Foundation School
- b) ☐ Meals whilst at Davenant Foundation School
- c) ☐ Equipment - calculators, art equipment, stationery etc.
- d) ☐ UCAS fees and travel to open days
- e) ☐ Course-related resources – text books, revision guides, etc.
- f) ☐ Trips, visits and sports activities directly relevant to a chosen A Level course studied
- g) ☐ Uniform

If I leave the Sixth Form at any time within 4 weeks of a bursary being awarded/paid then I will repay the funds given to me.

I confirm that:

The information I have given is, to my knowledge true and correct and Davenant Foundation School may seek to confirm any details I have given.

I understand there will be a delay in any funds being released if the application form has not been correctly completed or appropriate evidence of income has not been supplied.

Data Protection Act:

I understand that:

The data contained on this form will be held in line with the school's retention schedule and that Davenant Foundation School may make enquiries about the validity of the information provided on this form from other central and/or local government bodies, as deemed appropriate by the school.

Davenant Foundation School fully complies with information legislation. For full details on how we use your personal information, please see the school's website or call 0208 508 0404 if you are unable to access the internet.

I hereby consent to the disclosure of any information sought in accordance with the application for the purposes of the Data Protection Act 2018 and the UK GDPR.

The school has a duty to protect the public funds it administers and to this end may use the information provided on this form within this Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

Student's signature Date.....

Parent/Carer's signature..... Date.....

Completion by School Staff:

Name..... Position.....

School.....

Signature..... Date.....