



MARICOURT
CATHOLIC
HIGH SCHOOL
& SIXTH FORM CENTRE

16-19 BURSARY APPLICATION FORM 2026-27



Name:

Tutor Group:

There are 2 categories of funding. Please complete the application for Category 1 **or** Category 2.

Application for Category 1 Funding – up to £1,200 per annum

This form should be completed and submitted with appropriate evidence. The application is made in the name of the student but should be countersigned by their parent/carer.

I wish to apply for **Category 1** funding under the following criteria as I am (Learner) either: (please tick as appropriate):

- in care;
- a care leaver;
- receiving Income Support (IS) or Universal Credit (UC) because they are financially supporting themselves or financially supporting themselves and someone who is dependent on them and living with them such as a child or partner;
- receiving Disability Living Allowance (DLA) or Personal Independence Payments (PIP) in their own right as well as Employment and Support Allowance (ESA) or UC in their own right.

I attach the evidence document(s) to support my application.

I confirm that the details on this application and the evidence provided are true and accurate.

Signed: (Learner)

Signed: (Parent/Carer)

Date:

Application for Category 2 Funding

This form should be completed submitted with appropriate evidence.

I wish to apply for **Category 2** funding under the following criteria (please tick as appropriate):

- My gross household income is below £30,000. I attach the evidence to support my application. (For example latest P60's, self-employment accounts, wage slips, a letter from DWP, copies of online statements for Universal Credit etc. relating to the household income. If the income is made up from two separate incomes, evidence must be provided for each. This should not include income from the applicant's siblings).
- I am in receipt of Free School Meals. (If you tick this option you do not need to provide evidence as your local authority will do so).

Category 1 and 2 Applicants

I wish to apply for support towards:

Specific need (e.g. travel pass, essential course equipment and books, learning resources, trips, materials)		Amount applied for
	Total	£

I understand that any bursary payment will only be used for the items above to help me participate in education. Wherever possible, items listed will be purchased by the school on my behalf. The value of these purchases will be deducted from my total bursary award. I will return any equipment items such as laptops and books at the end of my study programme.

I confirm that the details on this application and the evidence provided are true and accurate.

Signed: (Learner)

Signed: (Parent/Carer)

Date:

The application form and appropriate evidence documents need to be handed to Mr Halliday, Head of Sixth Form, marked '16-19 Bursary Application' as soon as possible.

Information provided will be treated in the strictest confidence.

I declare that to the best of my knowledge all information given in this form is correct and that if my circumstances change I will inform the school. I understand that to receive funding I will adhere to the conditions outlined in my acceptance contract letter.

Signature of Applicant: **Date:**

Bank Account Details for Bursary Payment:

Account Holder Name: (In name of Student)

Bank and Branch:

Sort Code: (6 digits)

Account Number: (8 digits)

OFFICE USE ONLY

Evidence submitted:

Date application received:

Date reviewed by Finance Manager:

Outcome: