

## SWCHS SIXTH FORM: 16-19 BURSARY FUND APPLICATION

### Student Details

Surname/Family Name:				
First Names:				
Date of Birth				
Address				
Subjects studying				
Travel to SWCHS (if you travel by bus please state which bus route)				

### Parent/Carer Details

	Parent/Carer 1	Parent/Carer 2 (living in the same household)
Surname/Family Name:		
First Names:		
National Insurance Number		
Home Phone		
Mobile Phone		
<b>Annual Salaried Income</b>	£	£
<b>Annual Benefit Income</b>	£	£
<b>Total Annual Household Income</b>	£	

**I confirm that the details on this application are true and accurate. If my child is in Yr13, I confirm that my financial circumstances have not changed from the original application.**

Signature student		Date	
Parent/Carer signature			

Before you send your form, have you provided one of the following (please tick):

- Disability Living Allowance
- Personal Independence Payments
- Universal Credit
- Income based Jobseekers' Allowance
- Income related Employment and Support Allowance (ESA)
- Support under part VI of the Immigration and Asylum Act 1999
- The guarantee element of the State Pension Credit
- Child Tax Credit
- Working Tax Credit
- 3 months most recent payslips

**Please send the completed application form and evidence of qualifying benefits showing your total household income to:**

**Mrs J Chapman  
Sixth Form Student Liaison Officer  
Saffron Walden County High School  
Audley End Road  
Saffron Walden  
Essex  
CB11 4UH**

For office use only:

Date Received	
Bursary approved and awarded by	
Vulnerable Student Bursary	
Discretionary Bursary	
Hardship fund	