

DT	VB

Date Received	Student ID	Travel miles	Days Attend	FCM	Checked by

AOL Award	Student Award	Travel	FCM	Email sent	Assessed by
					Initials: Date:

## Personal Details

First name(s)  Family name   
 Date of birth   
 Home address   
 Postcode   
 Home  Mobile   
 Email address\*

/CPFCVQT[ ,GNF WPCDNG VQ RTQEGUU YKVJQWV GOCKN CFFTGUU  
 2NGCUG EQP,TO KH [QW JC  No  P '\*%2! ;GU

## Course Details

Course title   
 Course code  Start date  End date   
 Centre of study

## Financial Information – personal / household income

&Q [QW NKXG YKVJ CV NGCUV QPG QH [QWT 2CTGPV U )WCTFKCP  No  F CTG [QW

If Yes please complete the table below

Full Name	Relationship to you	Employment status	Contact number

Number of dependents in household

PLEASE SUPPLY INCOME EVIDENCE FOR EVERYONE IN YOUR HOUSEHOLD WE REQUIRE ONE OF THE FOLLOWING FOR EACH PERSON. \$[ nJQWUGJQNfo YG OGCP VJG RGQRNG VJCV [QW CTG FGRFGPFGPV W HWPFKPI CPF CWFKV RWTRQUGU YG CTG TGSWKTGF VQ TGVCKP GXKFGPEG HQT UK

WE CANNOT ACCEPT PROVISIONAL DOCUMENTS

EMPLOYED - INCOME EVIDENCE	Please Tick	UNEMPLOYED - BENEFIT EVIDENCE	Please Tick
Working Tax Credit Award 2023/24 If you claim WTC this is the ONLY document we require	<input type="checkbox"/>	Evidence of Income Support, JSA, ESA, Universal Credit /WUV DG FCVGF #RTKN	<input type="checkbox"/>

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# Vulnerable Bursary

## You must complete all sections

6JKU KU C HWPFF HQT XWNP GTC DNG UVWF GPVU YJQ CTG CPF HCNN KPVQ QPG QH VJ

I AM CURRENTLY IN CARE YES  NO

I AM A CARE LEAVER YES  NO

.G VVGT QT GOCKN GXKFGPEG EQP, TOKPI ECTG UVCVWU HTQO .QECN #WVJQTKV[ C

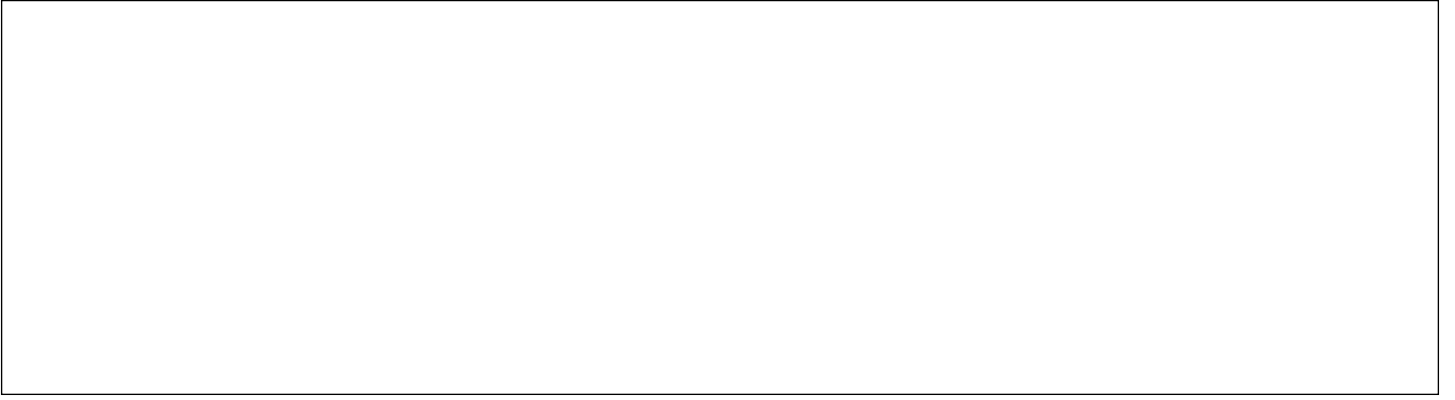
Local Authority name

Social worker name

Telephone number

Email address

I AM 16-18 LIVING INDEPENDENTLY AND I AM IN REC0182>-238622.604718.4 j -58.539 -0.6 -5.7 <0 9316.2 8.004 8.004 re S BT 0 0 0 scn -15.3 <00 F0 T



# Free College Meals

To be completed by a parent, guardian, carer or student if the student is dependent on the parental income. Students in receipt of benefit in their own right should complete both sections with their own details.

Student name  Student ID

Date of birth

Parent/Guardian/Carer/Student

Title      Surname/Family name      Forename

House No.      Postcode       Mobile  
Home tel.

3 W ì à P ì ì € W u à aÊr° •,o-0.0.612 Td 560002.4430077>-19.1550002.44E0085>500CC1<0088>-19.155>DC 816.2 <008/Sp10<005C

# Guidance Notes 2023/24

Please read this page carefully. If you do not understand any of these notes, please ask for help at Student Services.

2 N G C U G P Q V G V J C V ONLY FULLY COMPLETED APPLICATIONS CAN BE ACCEPTED.

Funds are limited and no award can be guaranteed. All awards made are discretionary.

The College reserves the right to withdraw or reduce awards subject to availability of funds.

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## What is the Learner Support Fund?

6 J G . G C T P G T 5 W R R Q T V ( W P F R T Q X K F G U , P C P E K C N J G N R V Q U V W F G P V U  
Y J Q Y K V J Q W V K V C U U K U V C P E G Y Q W N F J C X G F K H , E W N V [ G P T Q N N K P I Q P Q T  
E Q O R N G V K P I C E Q W T U G

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## Am I eligible?

r 5 V W F [ K P I H Q T C P G N K I K D N G S W C N K , E C V K Q P  
r 5 G V V N G F K P V J G 7 - Q T J C X G C R T G U G V V N G F U V C V W U  
r % N C K O K P I C O G C P U V G U V G F \$ G P G , V 1 4 C N Q Y K P E Q O G  
6 J K U Y K N N D G D C U G F Q P V J G R T G X K Q W U V C Z [ G C T o U K P E Q O G W P N G U U  
V J G T G J C U D G G P C E J C P I G K P E K T E W O U V C P E G U  
. Q Y K P E Q O G K U F G , P G F C U L ( T - V d C 5 • @ a 8 ° r X 0

