



ESFA 16-19 Bursary Fund Request Form 2024-25

Please read Trinity Solutions Academy 16-19 Bursary Fund Payment Policy 2024-25 before completing this form.

Student Details

Surname	
Forenames	
Address	
Postcode	
Date of Birth	
Please list the additional support you require	e.g. Help with meal costs
Please provide an explanation of why you require additional support below:	

Bank Account Details (Required for all applications)

Bursary payments will be made into the student's own bank account. Payments may be made to a joint account, as long as the student is one of the account holders. Please complete the bank account details required.



Student Bank or Building Society details

Full name of Account Holder <i>(This should be as it appears on your cash or debit card, or statement)</i>	
Name of Bank/Building Society	
Sort Code	____ - __ - ____
Account Number	



I confirm that the details provided to support this application for the ESFA 16-19 Bursary Fund Request 2024-2025 are true and accurate, and that any over-payments made as a result of false or incomplete information may be recovered by the college, and future payments stopped.

I understand that the above-named student must comply with the terms of Trinity Solutions Academy Bursary Application and Payment Procedure, and that funds may be withheld if they fail to do so.

I understand that I must notify the Induction Tutor immediately if there are any changes in financial circumstances to ensure that funding is paid at the correct level.

Signed (Student) _____ Date _____

The information provided on this form will be treated with confidentiality at all times and is covered by the data protection legislation. Please refer to our Privacy Notice available on the school website. We will only retain your data for as long as necessary, after which time it will be securely destroyed.

For Trinity Solutions Academy use only

Date Application Received _____

Supporting documentation received, copied and returned _____

Date Application Reviewed _____ *Level of Bursary Awarded* _____

Signed _____ Date _____

(on behalf of Review Panel)