

16-19 Bursary Fund Application Form 2025-26



Please complete all required fields and attach evidence where requested. The details on this form should be those of the learner requesting support from the 16-19 Bursary Fund. If you have any queries, contact Trinity Solutions Academy on 0191 298 6950.

Applicant Details (please complete ALL fields possible)

First Name	Surname
Address Line 1	Address Line 2
Address Line 3	Address Line 4
Postcode	Email
Mobile	Date of Birth
Did you receive a free school meal in Year 11?	

Course Details

Course Name			
Course Location/Venue (including Postcode)			
Start Date		Planned End Date	

Type of Bursary and Evidence Requirements

There are two types of bursaries available depending on age and personal circumstances. Please read the following information carefully, ask for help if you need to, and only complete the sections that apply to you.

Are you applying for a **Bursary for Young People in Defined Vulnerable Groups**? (please read explanation below and write 'Yes' in the box to the right if you fall into one of the categories outlined AND upload photo evidence to prove this, ie letter from the Local Authority confirming your Care Status or Benefits documents from DWP, you also need to upload a copy of your UC or IS claim/award notice or a copy of your UC claim from DWP and evidence of receipt of DLA or PIP where applicable)

The defined vulnerable groups are learners who are 16-19 years old and are:

- in care; OR
- a care leaver; OR
- 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**; OR
- 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

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OR Are you applying for a **Discretionary Bursary for 16-19 Year Olds?**
(please read explanation below and write 'Yes' in the box to the right if you meet the criteria outlined and upload photo evidence to prove that your household's total income falls below required amounts, ie Universal Credit award notice)

The discretionary bursary is available to learners who:

- are 16-19 years old or 19+ with an Education Health & Care Plan (EHCP)
- have a total household income below £30,000 (further information to be provided below)

Income (Discretionary Bursary ONLY)

The following questions relate to income in your whole household. This means the people you live with and have some relationship with (not just a friend or housemate).

This information will be treated as confidential for the purpose of this application and is NOT required if you are applying for the Vulnerable Groups Bursary)

Does anyone in your household claim any of the following benefits? **(please tick all that apply)**

Income Support	Employment Support Allowance (ESA)	Universal Credit (UC)
Disability Living Allowance (DLA)	Personal Independence Payments (PIP)	Working Tax Credit
Job Seekers Allowance (Income Based)	Pension Credits (Minimum Guarantee Credit)	Other Benefits (please specify):

Please provide the household's total annual income from all the above **(please input in £s)**

Note Evidence Required:

For **Universal Credit** - please provide an award letter or addressed bank statement dated in the last 3 months

For **Employment and Support Allowance** - please provide an award letter or addressed bank statement dated in the last 3 months

For **Jobseekers Allowance** - please provide an award letter or addressed bank statement dated in the last 3 months

For **any other benefits** - please provide an appropriate award letter or addressed bank statement dated in the last 3 months

For **Employment** - please provide a P60 stating income from 2024/25 or Self-Assessment of Income and any other income supplements such as Child Tax or Working Tax Credit Award Notice (All pages).

Support Requested (please complete ALL fields possible)

What are you requesting financial support for? **(please tick all that apply and complete further detail below)**

Travel	ICT Device
Other	

For support with travel, what form of transport will you be using?
(please write public transport or car)

Public Transport

Will you be travelling from your home address to the course venue (as shown on the first page of this application form)? **(please write Yes or No)**

How many journeys will you need support for, i.e. how many course sessions will you attend per week? **(please write a number)**

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Device Request/Support

Equipment will be loaned. No costing information required.

Other Support

For all other support, e.g. books, equipment, specialist clothing/uniform, please give a brief outline of your requirements and a member of the team will contact you to discuss this further. Any information you provide will be treated with the utmost confidentiality.

Bank Details

Please provide your Bank Account details below to enable any payments awarded to you to be processed:

Bank Name	
Account Name	
Bank Sort Code	
Bank Account Number	

Declarations and Signature (please read and sign)

Please read and sign the following declaration. We will not process this application without your signature.

- I certify that the information in this application is true and accurate.
- I acknowledge it is my responsibility to inform Trinity Solutions Academy if my circumstances change or I withdraw from my course and I understand that I may be required to pay some or all the money awarded, and any outstanding debts to Trinity Solutions Academy.
- I understand that any financial assistance given is subject to satisfactory attendance/behaviour and may be withdrawn at any time and that I may be liable to repay any payments made.

Learner signature

Date

Parent/Carer Signature

Date