



CHATHAM & CLARENDON GRAMMAR SCHOOL

16-19 Bursary Fund Application

Prior to completing this form, please read the Application Information sheet.

The deadline for submission of this application is **Friday 29th September 2023**. Please hand completed forms into the Sixth Form Office.

Student Details

Surname/Family Name:	
First Names:	
Parent/Guardian Name:	
Date of Birth:	
Address	
Post Code:	
E-mail address:	
Home Phone:	
Mobile Phone (student):	

Which bursary are you applying for: *(Please tick)*

Vulnerable Bursary

Discretionary Bursary

Please state what evidence you are submitting to verify your application
(The list of evidence required is detailed on the Application Information sheet.)

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To support your application please give details and costings of what you are requesting payment for from the Bursary Fund

I have paid in full for a Kent 16+ Travel Saver (£500)	<input type="checkbox"/>
I am paying in instalments for a Kent 16+ Travel Saver	<input type="checkbox"/>
I will travel by bus but have not yet ordered a Kent 16+ Travel Saver	<input type="checkbox"/>
I will travel by train to school	<input type="checkbox"/>
I will walk to school	<input type="checkbox"/>
<u>Details of other requests:</u>	

Bank or Building Society Details for the Student making the application

The named bank account must be in the students' own name, that will accept BACS payments. If you do not have a bank account, you need to open one before completing this form. (Please make sure you give the correct name as shown on the account as this may differ from the name you use in school).	
Name of Account Holder	
Name of Bank	
Branch	
Sort Code	
Account Number	
Roll Number <i>(Building Society accounts only)</i>	

(If your application is unsuccessful these details will be destroyed)

I confirm that these details are true and accurate.

Student Signature:		Date:	
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(As per GDPR regulations this document will be retained and destroyed according to the Retention of Records Policy)

If making an application for a **Discretionary** Bursary, please ask your parent/guardian to complete the next section.

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Prior to completing this form, please read the attached Application Information.

Details of Parent/Carer supplying accompanying evidence and with whom the student lives on a full-time basis:

Surname/Family Name:	
First Name:	
Date of Birth:	
Address:	
Post Code:	
Home Phone:	
Mobile Phone:	
Number of dependent children living at home:	

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

Parent/Carer 1		Date	
Signature			

Parent/Carer 2		Date	
Signature			

Your application cannot be assessed without full details, including documentary evidence. The bursary fund is limited, and the amount awarded will depend on the number of applications received and funds available. Funding cannot be guaranteed in every case.

If you have any questions related to this form, please contact the Sixth Form Office on (01843) 854841.

Please return this completed form to: Mrs Davies (Sixth Form Manager), Chatham and Clarendon Grammar school, Sixth Form centre, Cavendish Street, Ramsgate, Kent, CT11 9AL or email to cdavies@ccgrammarschool.co.uk.

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For administrative use only

Nature of evidence provided:

Residence evidence checked

Bursary awarded

Yes

No

Awarding Panel Decision

	Bursary Awarded	Amount awarded annually
Guaranteed		
Discretionary		

Notes:

