16-19 Bursary Application Form **Part 1 - Applicant**	Special Partnership Trust	SPT006

Year Application Relates	School Code:

- Please read the Trust Bursary Policy before completing this document.
- Please complete the form in full and ensure supporting documentation is included with the application.

SECTION 1 - Student Details – PART 1

Student details	
First Name: (please print clearly)	Surname:
Date of Birth: *	Academic Year of Study:

**To be eligible for either bursary during the year Sept 2026 – Aug 2027, students must be at least 16 years old, but under 19 years old on 31st August 2026.*

SECTION 2 – Defined Vulnerable Group

The maximum defined vulnerable group funding available in an academic year is up to £1200 per annum. Actual funding is based on student need, eligibility and assessment. Please tick as appropriate.

Please select if any of the following apply	✓
In local authority care	☐
Care leavers	☐
Receiving Income Support or Universal Credit in your own name because you are financially supporting yourself	☐
Receiving Employment and Support Allowance (ESA) and Personal Independence Payment (PIP) or Disability Living Allowance (DLA) in your own name	☐
Not applicable	☐

Schools will submit Vulnerable Bursary claims to the Department for Education (DfE) within the designated submission windows set by the DfE each term.

⇨ *If you are applying for a Defined Vulnerable Group Bursary and have completed Section 2, please now skip to Section 4.*

SECTION 3 - Discretionary Bursary

The main factor in awarding a discretionary bursary is whether a student is eligible for free school meals, as determined by household income.

- Please tick to confirm student eligibility: -

Eligibility Criteria	✓
Student is in receipt of Free School Meals	☐
Household income is below £30,000 per year	☐
Student or their family is in receipt of certain benefits	☐

SECTION 4 – Financial Support Requested

The bursary fund supports essential participation costs such as travel, books, equipment, specialist clothing and other necessary course-related expenses.

Cost Type	Description	Cost (£)
Travel		
Equipment		
Books/Resources		
Uniform/PPE		
Educational Visits		
Meals (where applicable)		
Other Essential Costs		
	Estimated Total Cost: £	

Supporting Statement:

Please explain why you are applying for financial assistance and how the costs identified in this application may impact the student's ability to participate fully in their education. Please continue on a separate sheet if additional space is required.

SECTION 5 – Bank details

Details of the bank account for which the bursary funds are to be paid.

Please complete the relevant fields by completing the Parent OR Student box below.

- ONLY one box needs to be completed.

Box 1 - Parent / Carer Bank information:		SPT Office Use
Name as shown on Bank Account: Please print clearly to ensure bank checks can be completed ahead of payment being made.		
Sort Code:		
Account no:		
Email for remittance: *(Notification of payment)*		
Signed:	Date:	

Box 2 - Student Bank information:		SPT Office Use
Name as shown on Bank Account: Please print clearly to ensure bank checks can be completed ahead of payment being made.		
Sort Code:		
Account no:		
Email for remittance: *(Notification of payment)*		

Important: Please ensure all sections above are completed accurately, clearly, and in full.
This information is required to verify bank details and ensure any payments are made to the correct account.

Where an email address is provided, a remittance advice confirming the payment date will be sent to the payee.

SECTION 6 – Declaration

Please read the declaration carefully before signing below:

- I confirm that all statements made in this application are true, accurate, and complete to the best of my knowledge and belief.
- I confirm that I have read and understood the guidance and eligibility criteria for the Post-16 Bursary Fund, and that I am not receiving a Post-16 Bursary from any other provider.
- I agree to provide any additional information required to support this application and understand that failure to do so may result in the application being declined.
- I confirm that any bursary funds awarded will be used solely for the purposes outlined and approved within this application.
- I undertake to inform the school in writing of any changes to my circumstances that may affect this application or award.
- I agree to repay in full and without delay any funds received if the information provided is found to be false, inaccurate, or intentionally misleading.
- I understand that any bursary awarded applies only to the current academic year and that a new application must be submitted for each subsequent year.
- I acknowledge that there is no guarantee of funding in future years, even if I am eligible for the current year.
- * I confirm that I will retain all receipts relating to purchases made directly by me and understand that I may be required to provide copies to the school for audit or verification purposes upon request.

Application Declaration	
First Name & Surname:	
Signed:	
Date:	

☐ Please tick if completed on behalf of the student

Please return this form and all supporting documentation to your School Administration Office. You will be notified in writing of the outcome of your application once the review process has been completed.