**Discretionary Bursary Funding Form** B

**To be filled in by parent/carer**

**16-19 Bursary Fund Application 2023/2024**

Prior to completing this form, please read all the accompanying guidance included with this document. Proof of entitlement will be required to allow the processing of this form.

If you have any queries, please contact **Tracy Paice:**

by email: [accounts@lighthouseonthemarsh.org](mailto:accounts@lighthouseonthemarsh.org) or phone: **01797 367455**

**Parent/Carer Details**

|  |  |
| --- | --- |
| Surname/Family Name |  |
| First Name(s) |  |
| Date of Birth |  |
| Address |  |
| Postcode |  |
| National Insurance Number |  |
| Email address |  |
| Phone Number |  |
| Household Income of both Parents/Carers |  |

Please attach any one of the following of both Parents/Carers as evidence of the Household Income stated above. Please note that the above information may be shared with the Local Authority or Central Government should it be necessary to verify any information.

* **A Certified letter from Kent County Council regarding Free School Meals eligibility.**
* **3 most recent monthly award statements from Universal Award Notice**
* **A Certified letter from the DWP confirming the benefits and amount you receive**
* **3 most current pay slips.**
* **Recent P60.**
* **Self-Employment Income Evidence.**
* **Other means tested certification.**

**I confirm that the details and evidence given to support this application are true and accurate to the best of my knowledge.**

|  |  |
| --- | --- |
| Parent/Carer Name |  |
| Signature |  |
| Date |  |