



Northwood Way, Harefield, Uxbridge, Middlesex, UB9 6ET
 t: 01895 822 108 f: 01895 822 414 e: info@hfschool.org.uk www.hfschool.org.uk
 Headteacher: Mrs S Riley

Application for 16-19 Bursary and Learner Support Funds

LEARNER DETAILS

Surname/Family Name:	First Name(s):
Date of Birth:	Age on 1st September 2024:
Address:	

CONTACT DETAILS

Email:	
Mobile Number:	Home Phone:

LEARNER STATUS (Do You?) Please Tick

Live with parents who have responsibility for you:	<input type="checkbox"/>	Live in Local Authority Care:/Care Leaver:	<input type="checkbox"/>
Live with Carers/Guardians who have responsibility for you:	<input type="checkbox"/>		
Consider yourself to have a severe disability:	<input type="checkbox"/>		
Live Independently:	<input type="checkbox"/>		
Receive Income Support:	<input type="checkbox"/>		
Consider yourself to be a carer (Care for a Family Member):	<input type="checkbox"/>		
I/We are the Adult(s) mainly responsible for the young person applying to the fund:	<input type="checkbox"/>		

	Adult 1	Adult 2
Family Name :		
First Names (s) :		
Relationship to applicant :		



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Household Annual income	Student
Total earning from all jobs (before taking on tax and NI Contribution):	£
Income from savings:	£
Other (please state):	£
Total:	£

Dependants:

1	Names	DOB
2		
3		
4		

Learner Payment Details

I/We declare that the information we have given in support of this application is correct and complete to the best of my / our knowledge and belief.

I/We understand that this information will be not shared with third party organisations.

I/We understand that non-attendance and non-compliance with the Harefield School Sixth Form Contract may result in loss of financial support.

Learner:	Date:
Adult 1:	Date:
Adult 2:	Date:



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Completed all sections:	<input type="checkbox"/>	Enclosed 3 recent bank statements:	<input type="checkbox"/>
Signed Declaration:	<input type="checkbox"/>	Enclosed 3 recent pay slips (if applicable):	<input type="checkbox"/>
Provided written proof that you are a 'looked after child'/care leaver (if applicable):		<input type="checkbox"/>	
Enclosed evidence of benefits and awards e.g. income support, tax credits, JSA, ESA, UC, PIP etc.:		<input type="checkbox"/>	

Any other information:

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For office use:	Date received:
Processed by:	
Final decision:	