

**INITIAL BURSARY FUND CLAIM FORM  
FOR SPECIFIC ITEMS 2018-19**



**SECTION 1 To be completed by the student and parent/carer**

<b>STUDENT'S FULL NAME:</b>	<b>Student Ref no</b>	
	<b>Director of Studies</b>	

**I wish to apply for financial assistance from the Bursary Fund.**

**For Travel Pass claims only (please tick appropriate box):**

I have paid Herefordshire Council the fee and I require a refund (please attach receipt)

*By BACS directly into bank:*

Account Holders Name: \_\_\_\_\_

Account No: \_\_\_\_\_ Sort Code: \_\_\_\_\_

**or**

Please make payment to Herefordshire Council on my behalf

**If funds are available contributions for compulsory trips and equipment arranged by the College may be supported by the Bursary. To assist us please give details of courses or enrichment activities you may be undertaking by providing course names and ticking boxes as applicable.**

<b>Courses</b>	<b>Enrichment Activities</b>
1. ....	PE Academy <input style="float: right;" type="checkbox"/>
2. ....	Performing Arts Academy <input style="float: right;" type="checkbox"/>
3. ....	Music Lessons <input style="float: right;" type="checkbox"/>
4. ....	DofE <input style="float: right;" type="checkbox"/>
	Other – please give details: <input style="float: right;" type="checkbox"/>

**Evidence of financial circumstances**

I have completed and submitted a Bursary Fund Initial Assessment Form and provided evidence of my financial circumstances and I understand I have a responsibility to inform you of any changes in my financial circumstances. (please tick box to confirm)

Signature of student ..... Date .....

Signature of parent/carer..... Date .....

**I understand that if my attendance, punctuality or behaviour falls below acceptable standards my bursary support can be withdrawn.**

**SECTION 2 To be completed by the Student Finance Officer**

I have seen the evidence required for discretionary bursary and have placed copies in the student file.

Category A/Category B

I authorise the payment of £.....to.....(payee)

Signed (Student Finance Officer) ..... Date .....

Authorised Signatory ..... Date .....