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| MA trust logo small-01   |  | | --- | |  | |  |  | **Magnus Church of England Academy** | | | | | | MA trust logo small-01   |  | | --- | |  | |  |  | **Magnus Church of England Academy** | | | | | |
| **16-19 Bursary Fund Application** | | | | | | | | | **16-19 Bursary Fund Application** | | | | | | | | |
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| **Learner Details** | |  |  |  |  |  |  |  | **Parental/Carer Details** | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surname/Family Name | | |  | | | | | | Surname/Family Name | | |  | | | | | |  |
| First Names | | |  | | | | | | First Names | | |  | | | | | |  |
| Date of Birth | | |  | | | | | | Date of Birth | | |  | | | | | |  |
| Address | | |  | | | | | | Address | | |  | | | | | |  |
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|  |
| e-mail address | | |  | | | | | | National Insurance Number | | |  | | | | | |  |
| Home Telephone | | |  | | | | | | Home Telephone | | |  | | | | | |  |
| Mobile | | |  | | | | | | Mobile | | |  | | | | | |  |
|  |  |  |  |  |  |  |  |  | Household Income | | |  | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Bank or Building Society Details** | | | | |  |  |  |  | This application for assistance from the 16-19 Bursary Fund is made under the priority group of: | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| To receive payments you must have a bank account in your own name that will accept BACS payments. If you do not have a bank account you need to open one before completing this form. | | | | | | | | | **High** | |  | **Medium** | |  | **Low** | |  |  |
|  |
| Name of Account Holder | | |  | | | | | |  |  |  |  |  |  |  |  |  |  |
| Name of Bank | | |  | | | | | | **I confirm that the details are accurate and I have attached proof of income.** | | | | | | | | |  |
| Branch | | |  | | | | | |  |  |  |  |  |  |  |  |  |  |
| Sort Code | | |  | | | | | | Signature | |  | | | | Date |  | |  |
| Account Number | | |  | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  | Parent/Carer | | | |  |  |  |  |
| **I confirm that the details are true and accurate.** | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature | |  | | | | Date |  | |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  | Page 1 |  |  |  |  |  |  |  |  | Page 2 |  |