

## 16-19 Bursary Fund Application 2022-23

**Prior to completing this form please read the bursary fund guidance document.**

### Application Details:

I am applying to the Ebbsfleet Academy Bursary Fund under  
Priority 1 / Priority 2 / Priority 3\*

### Student Details

Surname:	
First Names:	
Date of Birth	
Address	
Post Code	
e-mail address	
Home Phone	
Mobile Phone	
Academy name	

### Bank or Building Society Details

To receive payments, you (the student) must have a bank account in your own name. If you do not have a bank account, you need to open one before completing this form.

Name of Account Holder	
Name of Bank	
Branch	
Sort Code	
Account Number	

### Declaration

I confirm that the details are true and accurate.

Signature of student		Date	
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Proof of Eligibility

**Priority 1 Group:**

Please enclose proof of your status in one of the following categories: **tick**

You are living in care

You have recently left care

You are receiving income support

You are disabled and receiving both Employment Support Allowance and

Disability Living Allowance

**Priority 2 Group**

Students eligible for Free School Meals or who have been eligible in the past 6 years

**Priority 3 Group:**

Please provide proof of earnings for each adult in the household (e.g. copy of P60)

Please return completed forms to:

Head of Academy Administration, Ebbsfleet Academy, Southfleet Road, DA10 0BZ or email to [hoa@ebbsfleetacademy.org.uk](mailto:hoa@ebbsfleetacademy.org.uk)

Authorised by: