Campion School
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Part of United Learning

CREATING BRILLIANT FUTURES

CAMPION SIXTH FORM

16-19 Bursary Fund Application Form

Academic Year 2026/2027

2026/2027

Principal: Mrs Kim Bradley-Smith

Campion School is part of United Learning: United Learning comprises: United Learning Ltd (Registered in England No: 00018582. Charity No. 313999) UCST (Registered in England No: 2780748. Charity No. 1016538) and ULT (Registered in England No. 4439859. An Exempt Charity). Companies limited by guarantee. Registered address: United Learning, Worldwide House, Thorpe Wood, Peterborough, PE3 6SB.

Campion School
Kislingbury Road
Bugbrooke
NN7 3QG
t: 01604 833900
e: csoffice@campion.northants.sch.uk
w: campionschool.org.uk

Please note that bursary applications are considered for students who have **good or better attendance** and **attainment.**

Section 1: Details of Applicant	
Full Name	Date of Birth
Address	
Post Code	Phone
Email:	

Section 2: Details of Provider and Course	
Name of Post 16 Provider	Campion School
Address of Post 16 Provider	Kislingbury Road Bugbrooke NN7 3QG
Details of Course: *(Enter your subject)*	

Section 3: Bursary Criteria		
To qualify you must be aged 16 or over and under 19 on 31st August 2026 and meet the EFA's residency criteria. **The bursary is paid to enable you to attend sixth form with us and will only be paid if your attendance and behaviour meet the required standard**. *See Appendix I of our 16 – 19 Bursary Policy*		
3.1 Discretionary Bursary Criteria		
Household Income		
Banding	**Income**	**Tick**
Band 1	My household income is less than £16,190 per year	
Band 2	My household income is more than £16,190 but less than £20,817 per year	
Band 3	My household income is more than £20,817 but less than £25,521 per year	

Student Income		
Income	**£**	**per week**
Part-Time Job	£	

Benefits	£
Other	£

Supporting Evidence	
Please tick one of the following to show what type of evidence you have attached (dated after April 2026). Note that students in receipt of free school meals qualify for bursary, but we must receive other documents as well to more accurately judge the right payment band. ***If you cannot provide evidence, then we cannot process your application for bursary payments***	
Evidence Source	**Tick**
P60 *(most recent)*	
Income Support/Universal Credit Award Letter or Monthly Award Notice x 3	
Full Tax Credit Award Notice	
Self Employed Earnings *(Official Tax Return)*	
Wage Slips (3x most recent wage slip)	
Another benefits/pension *(award Letter)*	
Please advise the number of dependent children in the household	
Free School Meal: Students in receipt of free school meal qualify for Bursary, but we must receive other documents as well to more accurately judge the right payment band.	

3.2 Vulnerable Bursary	
To qualify you must fall into one of the categories below and produce the required evidence as stated.	Y/N
Are you in receipt of Income Support or Universal Credit? *(Evidence required – Income Support or Universal Credit Statement Letter)*	
Care leaver or currently looked after in care? *(evidence required – letter from Local Authority)*	
Disabled student in receipt of both Employment Support Allowance and Disability Living Allowance/Personal Independence Payments *(Evidence required financial statement showing both ESA and DLA/PIP)*	

Section 4: How the funds will be used:		
Please provide details of how the bursary funds, if awarded to you, will be used, and the estimated Cost. Estimated costs will help us to ensure funds are spent appropriately and will not necessarily affect the level of payment. **You are required to provide receipts for the money spent.**		
Item	**Details**	**Estimated Cost**
Books / Equipment		£

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Field Trips		£
Travel (i.e. Bus pass)		£
University Visits		£
Clothing/Uniform		£
Free School Meals		£
Other		£

Section 5: Extenuating Circumstance

If there are extenuating circumstances within your household that have not been covered but you would like us to consider as part of this application, please provide them here:

Section 6: Payment Details

Payments can only be made to accounts in the name of the student making this application.
Payments will not be made into another person's bank account; please note we are unable to make payments to post office accounts.

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Account Holders Name:

Bank/Building Society:

Sort Code:

Account Number:

Roll Number if applicable:

Student Email Address:

Section 7: (to be completed by your Post-16 Provider)

Statement by the Post-16 Provider.

- I confirm that this applicant meets the residency criteria under which a bursary may be paid.
- I confirm that this applicant is enrolled on a programme of study under which a bursary may be awarded.
- I confirm that the expenditure detailed in Section 4 is relevant and appropriate for the programme of study being followed by this applicant.

Signed: Name: Mrs D Stewart Position: Sixth Form Manager Date:	School Stamp

Section 8: Learner Declaration (to be completed by all learners)

Your application will not be assessed unless you sign and date this declaration.

- I declare that the information on this form is true and accurate to the best of my knowledge.
- I have made this claim for a Bursary payment, fully aware that any false statements can lead to withdrawal/refusal of any financial support and may lead to me being prosecuted.
- I understand that if I refuse to provide information which may be relevant to my claim, the application will not be accepted.
- I understand that monies I receive under the Bursary Scheme will be paid on condition of standards of attendance and behaviour, attendance is expected to be 96% or above.
- The bank account details provided must be in the name of the student.
- I will attend regularly and complete the course for which my bursary is supporting me.
- When changes to my household financial circumstances occur (which may result in changes to my claim), I confirm I will notify my provider immediately.
- I will notify my provider immediately with any changes to my Bank/Building Society details.
- I understand that monies I receive under the Bursary Scheme have been awarded to provide me with financial support to allow me to continue in learning, and if I leave learning all financial support will stop.
- I understand that I do not have an automatic entitlement to Bursary payments and I understand I have the right to appeal if I disagree with the outcome of my Bursary application.
- This appeal should be made to my provider, but if I feel I have not been treated fairly, I can follow the complaints procedure.
- I understand that this application process will be repeated each year of study.
- I confirm I have read the information provided and I agree to the conditions of this application.

Applicant Signature_____**Date**_____

Parent/Carer or Carer Signature_____**Date**_____

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For Administrative use only

Date Application received:_____

Supporting information verified: Y / N Evidence seen by:_____ Signature:_____

Eligible? Y / N Processed by: _____ Date: _____Outcome letter completed by:

Signature: _____

Amount to be awarded: _____

Payment 1 – Amount Paid _____ Attendance _____

Payment 2 – Amount Paid _____ Attendance _____

Payment 3 – Amount Paid _____ Attendance

Change of circumstance/request for increase to amount awarded

Request received on:_____ Reason

for further payment : _____

Evidence provided: _____ Eligible: Y/N

Payment ____ - Amount Paid _____ Attendance _____ Payment

____ - Amount Paid _____ Attendance _____

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