

Date Received \_\_\_\_\_

Application Number \_\_\_\_\_



# Stanley Race Bursary Fund 2018/2019

The Stanley Race Bursary Fund is available to work based learners who match the eligibility criteria set below. Grants range from £250 to £500 to enable young people to start their working life with the correct support.

### Eligibility:

- Must be a Barnsley resident
- Must be a first year apprentice or work based learner
- Have a household income of less than £35,000

Complete in **BLOCK CAPITALS** and in **black ink**

Answer all questions required – enter N/A where appropriate

Make sure you **sign** and **date** your application on the back page.

### SECTION 1 - PERSONAL DETAILS

Student Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Surname \_\_\_\_\_ Forename \_\_\_\_\_

Age (in years) on 31<sup>st</sup> August 2018 \_\_\_\_\_

Address \_\_\_\_\_

Area \_\_\_\_\_ Town \_\_\_\_\_ Postcode \_\_\_\_\_

Email Address \_\_\_\_\_ Tel \_\_\_\_\_

### SECTION 2 – APPRENTICESHIP DETAILS

Course Title \_\_\_\_\_

Placement \_\_\_\_\_

Start Date \_\_\_\_\_ Days per week \_\_\_\_\_

### SECTION 3 - ABOUT THE PEOPLE YOU LIVE WITH

Do you live with a parent/s, guardian/s or partner? Yes / No

#### About the people you live with

<u>Full Name</u>	<u>Relationship to Learner</u>	<u>Occupation</u>

**SECTION 4 - RESIDENCY**

Have you lived in the UK for 3 years or more? Yes / No

If no, please tick one of the following:

EU National  Refugee/Indefinite Leave  Asylum Seeker

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**SECTION 5 - PRIORITY GROUP - 16-18 year olds only - Please circle if applicable:**

**I am in Care or a Care Leaver** Yes / No

Please provide a letter from your Local Authority (social worker) to confirm this

**I have significant caring responsibilities at home** Yes / No

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**SECTION 6 – FINANCIAL ASSISTANCE REQUIRED**

- If your attendance falls below 90% your travel award will be reduced

**How do you travel to College and work?**

Stagecoach Bus  Arriva/Yorkshire Tiger  Own Transport

Free College Bus

Other, please state including cost: \_\_\_\_\_

Do you have a free bus pass e.g. Mobility Pass Yes / No

**Equipment**

Please indicate i.e books, tools, laptops, etc. Please include costs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total costs: \_\_\_\_\_

**Uniform**

Please indicate the uniform required including costs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total costs: \_\_\_\_\_

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**SECTION 7 - EVIDENCE TO SUBMIT WITH YOUR APPLICATION FORM**

Failure to provide correct evidence will delay your application for funding. Please provide copies where possible.

**7.1- Do you or your parent/s, guardians mentioned in Section 3 receive any of the following benefits?**

	Yes	No
Income Support	<input type="checkbox"/>	<input type="checkbox"/>
Job Seekers Allowance (Income based)	<input type="checkbox"/>	<input type="checkbox"/>
Employment and Support Allowance (Income based)	<input type="checkbox"/>	<input type="checkbox"/>
Pension Credit (guarantee)	<input type="checkbox"/>	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked yes to any of the above, please submit a copy of the benefit letter (dated within the last 3 months) from the Job Centre or The Pension Service confirming your/their entitlement. Please note, evidence must be for all named as living in the household.

**If you have ticked no to the above please move onto 7.2**

**7.2 Do you or your parents mentioned in Section 3 receive Working Tax Credit or Child Tax Credit?**

- Yes  You need to send a full photocopy (all 6-8 pages) of the Tax Credit Award Notice for 2018/2019 with your application then go to Section 10
- No  Move onto section 7.3

**7.3 Please tell us about the employment status of the people named in section 3**

**Evidence Required**

- Employed  Copies of last 3 wage slips (all named in household)
- Self Employed  Copy of most recent Self-Assessment Return (SA302)
- Private Pension  Copy of annual Statement or payment plan

***Please note: evidence submitted must be for all named as living in the household above the age of 18.***

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**SECTION 8 - STUDENT PAYMENT DETAILS - Complete all information below.**

The account details **MUST** be the student's bank account and not their parent/guardian/partner

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

Account Number (8 Digits)

Sort Code (6 Digits)

Roll Number if applicable \_\_\_\_\_

**SECTION 9 - PERSONAL STATEMENT**

Please explain below why you would benefit from the fund.

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**SECTION 10 - LEARNER DECLARATION**

By signing this declaration you acknowledge that if you have intentionally given any false or inaccurate information that your application for support may be suspended. Please note that these funds are public monies and that fraudulent claims can result in disciplinary action being taken.



**Data Protection Act 1998**

The information you provide in your application form will only be used for the purpose of processing your application. It may be necessary for the Assessors to contact other College staff for additional information to allow applications to be processed and for attendance monitoring purposes. Personal and supporting information will be used by the Assessors for College/Audit purposes and record keeping.

Learner Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

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**OFFICE USE ONLY**

Assessed By \_\_\_\_\_ Date \_\_\_\_\_ Approved/Declined/Missing Evidence

Income Level £ \_\_\_\_\_

Date	Notes	Initial

Send your completed form to:  
Student Services, Barnsley College, Old Mill Lane, Barnsley, S70 2YW  
Or hand it in to Student Services

If you need any further information or help, please contact us:



01226 216 267/114



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