



# MARK RUTHERFORD SIXTH FORM

## 16-19 Bursary Fund

### Discretionary Payment Application Form (2025-2026)

<b>Student name and tutor group:</b>	
<b>Year group:</b> (Please tick as appropriate.)	12 <input type="checkbox"/> 13 <input type="checkbox"/>
<b>Address:</b>	
<b>Telephone number(s):</b>	Home: _____ Mobile: _____
<b>Email address:</b>	
<b>Application amount:</b>	
<b>State the reason for applying for a discretionary payment from the 16-19 Bursary Fund: (see over)</b>	
<b>Briefly outline the household circumstances that explain the need for you to make this application: (see over)</b>	
<b>Student's Bank Details:</b> (see over)	Name of Bank: _____ Branch: _____ Account No: _____ Sort Code:      _ _ - _ _ - _ _

I declare that the information given above is an accurate and truthful disclosure of the personal and financial reasons for making an application for a discretionary payment from the 16-19 Bursary Fund.

<b>Signed (Student):</b>	_____ <b>Date:</b>
<b>Signed (Parent/Carer):</b>	_____ <b>Date:</b>
<b>Signed (Assistant Headteacher/Director of 6<sup>th</sup> Form)</b>	_____ <b>Date:</b>

**Please Note:**

*We are able to continue accepting applications for discretionary payments from the 16-19 Bursary Fund whilst we still have the money available. Once all monies have been allocated, unfortunately we will no longer be able to offer such financial support.*



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## Guidance

**Application amount:** Please include evidence of the amount required, e.g. the unit cost for individual module examination re-sits, a school trip letter, a print out with details of costs for subject resources.

**State the reason for applying for a discretionary payment from the 16-19 Bursary**

**Fund:** e.g. school trip, subject resources, text book(s), travel costs to/from work experience placement.

**Briefly outline the household circumstances that explain the need for you to make**

**this application:** e.g. on income support, low income, change of circumstances, single parent family, other school age children to support, long term medical condition is preventing being able to work.

**Student's Bank Details:** To receive payment you must have a bank account in your own name. If you do not have this, you need to open one first and then fill in this form when you have the information we need.