



# Discretionary Learner Support Fund 2016-17

Leeds City College

### 1. PERSONAL DETAILS

First name/s..... Surname .....

Course..... Student ID.....

Age  16-18  19+ Enrolled

Do you have an Educational Health and Care Plan?  Yes  No

### 2. I WOULD LIKE HELP WITH

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> 1 Travel Pass             | <input type="checkbox"/> 2 Equipment / Uniform | <input type="checkbox"/> 3 In Care / Care Leaver / Living independently (under 19 on 31/08/2016) | <input type="checkbox"/> 4 Course Fees (not available to Advanced Learning Loan applicants) |
| <input type="checkbox"/> 5 Interview/Audition/Trip | <input type="checkbox"/> 6 Meals               |  | <input type="checkbox"/> 7 FSM  |

### 3. HOUSEHOLD INCOME

Under £16,000  Between £16,001 and £22,000  Between £22,001 and £26,000

Who do you live with?.....

### 4. EVIDENCE TO BE PROVIDED WITH COMPLETED FORM

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1 16/17 tax credit award notification                      | <input type="checkbox"/> 2 Self Employed annual accounts for year end April 2016 | <input type="checkbox"/> 3 NASS Support, Post Office Receipt                                     |
| <input type="checkbox"/> 4 Benefit letter or bank statements from the last 3 months | <input type="checkbox"/> 5 Wage Slips for the last 2 months / 8 weeks            | <input type="checkbox"/> 6 Letter from local council or social worker confirming you are in care |

### 5. LOANS

Do you have an Advanced Learning Loan?  Yes  No **7** Copy of your approval letter provided  Yes  No

**Please note we can not process applications for bursary support from students funding their course with an Advanced Learner Loan before your loan application is accepted.**

### APPLICANT DECLARATION

I confirm that the information given on this form and in any accompanying documents is true, complete and accurate. I accept that, should this prove not to be the case, the college reserves the right to cancel my application and reclaim any support allocated. I give consent to the processing of my data by Leeds City College and any other organisation which has a right to receive any of it.

Signature ..... Date .....

**Please ensure that you sign this form. Failure to do so will lead to your application being delayed.**

**Disclaimer**

Leeds City College reserves the right to amend, withdraw, cancel, alter or amalgamate any or part of the programme, locations, facilities or costs at any time. Please be aware the location of some of the courses offered could be subject to change between time of application and actual start date. All courses run subject to enrolment of minimum numbers. Please check the website for the most up-to-date information which should be consulted before application.

### OFFICE USE ONLY

**Evidence checked: 1 2 3 4 5 6 7**

**Support Awarded: 1 2 3 4 5 6 7**

**If 5 please retain evidence**

Staff name ..... Travel Pass no.....

Date ..... Staff signature.....

Other Support Amount £..... Course Fees.....

Other Support Reason.....

### MIS

**Bursary Type: 1 2 3 4 5 6 7**

Initials .....