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16-19 6TH FORM BURSARY APPLICATION FORM 2020-21

Strictly Confidential

Please refer to the **16-19 Bursary Allocation Criteria** when completing this form.

Student Name:		Date of Birth:
Courses being studied:	1.	2.
	3.	4.
Eligible for Free School Meals? Y?N		
Travel to /from school	Method: Weekly Cost:	
Number of other dependent children in family home		
PLEASE LIST PAPER WORK ENCLOSED This is needed from all parent(s)/carer(s) residing at the home address		
ANY EXTRA INFORMATION In support of the application		
PARENT/CARER	Full name:	Signature:
Contact number(s)		

STUDENT DECLARATION;

I have read and understand that receipt of the 16-19 Bursary is dependent upon 100% attendance, being punctual, attending form time, keeping up with my work and meeting attainment targets, behaving maturely and responsibly at all times.

Signed.....

Please return this form, along with copies of relevant paperwork and with both parent and student signatures, in an envelope marked as **CONFIDENTIAL** to Mrs Amanda Barden, KS5 Intervention Leader by October half term, after which applications cannot be accepted unless there is a change in circumstances.