**Application for Consideration of Discretionary Bursary**

Applicants are reminded that this form is for consideration only, and does not guarantee entitlement. Students must have completed the Bursary Fund Agreement form.

|  |  |
| --- | --- |
| Student name and form: |  |
| Address: |  |
| Account Number:Sort Code: |  |

Please provide details of your claim in the box below.

|  |  |  |
| --- | --- | --- |
| **Details** | **Amount** | **Paid by student?****Y/N** |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |  |

**Original receipts to be submitted with application form.**

**Please arrange to have the above amount taken from my 16-19 Bursary allocation:**

Name (please print):

Student signature:

Date: