

Opportunity Bursary application form

- **Where tick boxes appear, please tick those that apply.**

Part 1: To be completed by the pupil/student

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other ▶		<input type="text"/>				
Surname or family name <input type="text"/>		Present address <input type="text"/>				
First name(s) <input type="text"/>		Postcode <input type="text"/>				
Date of birth <table border="1"> <tr> <td>DAY</td> <td>MONTH</td> <td>YEAR</td> </tr> </table>		DAY	MONTH	YEAR	Contact telephone number (including dialling code) <input type="text"/>	
DAY	MONTH	YEAR				
Do you live with a parent? <input type="checkbox"/> Yes <input type="checkbox"/> No ▶ <i>Please specify whether you live with another relative, or you are in foster care, or local authority care.</i> <input type="text"/>						
Name and address of secondary school or college <input type="text"/>		Local Education Authority <input type="text"/>				
Postcode <input type="text"/>		UCAS registration number <input type="text"/>				
HE course applied for <input type="text"/>		Length of course <input type="text"/> years				
Have you: <ul style="list-style-type: none"> • attended a University Summer School? • been involved with a University access programme or COMPACT scheme? <input type="checkbox"/> Yes <input type="checkbox"/> No ▶		Are you, or have you been, in receipt of one of the Government's pilot Education Maintenance Allowances? <input type="checkbox"/> Yes <input type="checkbox"/> No ▶ <i>Your parents/guardians must complete Part 2, Section B of this form.</i>				
University name <input type="text"/>		Please specify the amount you are/were in receipt of £ <input type="text"/>				
Dates attended <input type="text"/>		Please give dates you were paid From <input type="text"/> To <input type="text"/>				

Part 1: To be completed by the pupil/student (continued)

NOTE: You must meet UK residency requirements *(as defined by the Student Support Regulations)* to qualify for Opportunity Bursaries.

Have you and your parents been permanently resident in the UK for the last 3 years without a break?

☐ Yes

☐ No ▶ Please specify ▶

Are you settled in the United Kingdom?

☐ Yes

☐ No ▶ What is your nationality and status?
(For example, are you a refugee, the child of a migrant worker from the European Economic Area or do other circumstances apply?) ▶

Please specify

Declaration

The information I have given on this form is complete and accurate to the best of my knowledge and belief.

Signed

Name

Date

Part 2: To be completed by the parent/legal guardian

A

Does the applicant live with you?

☐ Yes ☐ No

Your name

How long have you lived at this address?

Your address

Postcode

Telephone number *(including dialling code)*

B

Have you, your partner or any of the children in your household, been to university and/or attained a qualification at a higher educational level? *(Please also give details if an older sibling or parent is currently in higher education.)*

☐ Yes ▶ Please specify which family member, what course, the qualification and when it was awarded. ▶

☐ No

Part 2: To be completed by the parent/legal guardian (continued)

C

Please complete this section only if your child has never been in receipt of an Educational Maintenance Allowance (see Part 1).

What is the gross weekly/monthly income of you and your partner (ie, before National Insurance and tax deductions are made)?


You £ (Weekly/
Monthly)

Your partner £ (Weekly/
Monthly)

Are you and/or your partner in receipt of any kind of Social Security Benefits?

☐ Yes ☐ No

Please specify below (tick those that apply)

	Self	Partner	Both
Income support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jobseeker's Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working Families' Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled Person's Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incapacity Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Disablement Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Injuries Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Working Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 

Please specify

Are you in receipt of:

☐ Housing Benefit?

☐ Council Tax Benefit?

Name and address of administering local authority

Postcode

Telephone number (include country, city and local codes)

D

Declaration

The information I have given on this form is complete and accurate to the best of my knowledge and belief.

Signed (Parent's/legal guardian's)

Name (CAPITALS please)

Date