

Devizes School
APPLICATION FOR 16-19 Bursary Fund 2017-2018

STUDENT'S SURNAME	FORENAMES	DATE OF BIRTH

Names of Adults who live at the student's main address:		
SURNAME:	FORENAME:	MR / MRS / MISS / MS
HOME ADDRESS:		
POST CODE:		
TELEPHONE NUMBER:		

NAMES OF ADULTS IN HOUSEHOLD	Adult 1:	Adult 2:
Employer's Name and Address:		
NATIONAL INSURANCE NUMBER:		
<p>Please attach latest P60 or <u>most recent</u> payslip(s) as proof of current earnings, together with proof of all benefits received.</p> <p>THE APPLICATION CANNOT BE CONSIDERED WITHOUT THIS EVIDENCE.</p>		

<p>We certify that the information given on this application form is, to the best of our knowledge and belief, correct.</p>	
Signatures of Applicant(s) :	Name:
	Signature: Date:
	Name:
	Signature: Date:

COMPLETED FORMS FOR ACADEMIC YEAR 2017/18 SHOULD BE RETURNED BY FRIDAY 22ND SEPTEMBER 2017, WITH THE RELEVANT DOCUMENTATION, TO THE SIXTH FORM OFFICE