

**YOUTH LYRIC**

**STUDENT BURSARY APPLICATION FORM**

As an organisation we are passionate about enabling children whose families may face financial difficulty to access and engage in the opportunities we provide in the Arts. Youth Lyric is a Registered Charity who can make small financial awards to support your child’s participation. Please complete the following application by providing us with as much information as possible. Your application will be treated in the strictest confidence.

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| **STUDENT INFORMATION** | | | | | | | | | | | | | | | | | | |
| STUDENT’S NAME | |  | | | | | | APPLICANT’S NAME | | | | | |  | | | | |
| ADDRESS LINE 1 |  | | | | | | | | | POSTCODE | | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | | | | |
| ADDRESS LINE 2 |  | | | | | | | | | DATE OF BIRTH | | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | **/** |  |  | **/** |  |  |  |  | | | | | |
| TELEPHONE NO. | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | STUDENT AGE | | | |  | | |
| CLASS LOCATION |  | | | | CLASS DAY | | | |  | | | CLASS TIME | | | |  | | |
| **FINANCIAL SITUTION**  (ARE YOU / YOUR CHILD IN RECEIPT OF ANY OF THE FOLLOWING? PLEASE TICK ANY THAT APPLY.  WE RESERVE THE RIGHT TO ASK FOR EVIDENCE TO SUPPORT YOUR APPLICATION) | | | | | | | | | | | | | | | | | | |
| UNIVERSAL CREDIT | | |  | CHILD TAX CREDITS | | | | | | |  | | WORKING TAX CREDIT | | | |  | |
| INCOME SUPPORT | | |  | HOUSING BENEFIT | | | | | | |  | | FREE SCHOOL MEALS | | | |  | |
| EMPLOYMENT SUPPORT ALLOWANCE (ESA) | | |  | PERSONAL INDEPENDENCE PAYMENTS (PIP) / DLA | | | | | | |  | | REGISTERED DISABLED | | | |  | |
| OTHER BENEFITS (PLEASE PROVIDE DETAILS) | | |  | | | | | | | | | | | | | | | |
| **APPLICANTS LIVING SITUATION** | | | | | | | | | | | | | | | | | | |
| HOW MANY ADULTS ARE THERE IN THE HOUSEHOLD | | | | | |  | HOW MANY CHILDREN ARE THERE IN THE HOUSEHOLD | | | | | | | | | | |  |
| HOW MANY ADULTS ARE FINANCIALLY DEPENDANT UPON YOU (THE APPLICANT) | | | | | |  | HOW MANY CHILDREN ARE FINANCIALLY DEPENDANT UPON YOU (THE APPLICANT) | | | | | | | | | | |  |
| IS / HAS THE STUDENT BEEN IN LOCAL AUTHORITY CARE AS A ‘LOOKED AFTER CHILD’ | | | | | | | | | | | | | | |  | | | |
| **ANY ADDITIONAL INFORMATION YOU WISH TO PROVIDE TO SUPPORT YOUR APPLICATION** | | | | | | | | | | | | | | | | | | |
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| **PLEASE INDICATE IF YOU WISH TO APPLY FOR A FULL OR HALF BURSARY** | | | | | | | | | | | | | | | | | | |
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PLEASE EMAIL YOUR COMPLETED FORM TO [INFO@YOUTHLYRIC.CO.UK](mailto:INFO@YOUTHLYRIC.CO.UK)

WE WILL ENDEAVOUR TO RESPOND AS QUICKLY AS POSSIBLE