**TRAVEL BURSARY APPLICATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student Details**   |  |  | | --- | --- | | Name |  | | Home Address |  | | Postcode |  | |
| **Parent/Carer Details**   |  |  | | --- | --- | | Name |  | | Relationship to student |  | | Home Address (if different from the above) |  | | Email Address |  | |
| **Student Travel Details**  If applicable to their journey, students should hold a 16+ Zip Oyster Card and/or a 16-17 railcard to qualify for reduced rate fares.   * Please quote the reduced rate fares below. * If you can benefit from a 16-17 railcard but do not currently have one, please note below if you want to request the school to cover the cost of this card. * Evidence of costs can be provided as hard copy attached to this form or by email to Dr Waddingham: [KCLMSaccounts@kcl.ac.uk](mailto:KCLMSaccounts@kcl.ac.uk)  |  |  | | --- | --- | | Journey details: please provide starting station & zone (if applicable) and an outline of your journey |  | | Weekly cost (£)  Please provide evidence eg TfL screenshots, receipt for travelcard |  | | I would like to request the school to cover the cost of a 16-17 railcard.  Please provide evidence of payment |  | |
|  | |

**Student Confirmation**

I confirm that the information I have provided is correct and I will notify the school if my travel costs change. I understand that the travel bursary may be withdrawn if I do not meet the school’s punctuality, attendance and behaviour requirements. I understand that the travel bursary is capped (see table on next page).



Student Signature: ……………………………………………………… Date:

**Parent/Carer confirmation**

I enclose, or have previously enclosed, evidence of my family income as indicated below. I confirm that the information my child has provided here is correct.

Parent/Carer Signature: ……………………………………… Date:

**Evidence of Family Income**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Travel Bursary available** | **Evidence required** | **Evidence previously provided? (Yes / No)** | **If No, list evidence attached to this form** |
| Students entitled to Free Meals | 100% capped at £1200 | Evidence of student entitlement to Free Meals: email from previous school confirming they received FSM. |  |  |
| Students in households in receipt of Working Tax Credit / Child Tax Credit\* / Universal Credit | 50% capped at £600 | Evidence of parental entitlement, dated within last 6 months |  |  |

*\*please note that this category does not include households in receipt of child benefits*

**Payment Schedule**

Payments will be made half termly in arrears to the student’s bank account. If you require support before the first payment, please talk to Dr Waddingham.

**Payment can only be made to the student’s bank account. Please provide details below**

|  |  |
| --- | --- |
| **Bank**  e.g. Natwest, Nationwide |  |
| **Sort Code** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |
| **Account Number** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | |
| **Account Holder Name** |  |

Please return the completed application form to Dr Waddingham at [KCLMSaccounts@kcl.ac.uk](mailto:KCLMSaccounts@kcl.ac.uk)