# THE CARDINAL WISEMAN CATHOLIC SCHOOL

## 16-19 BURSARY SCHEME

## BANK FORM 2026-2027

*Please complete this form and return it to Mrs Kothari, Sixth Form Administrator at The Cardinal Wiseman Catholic School as soon as possible.*

**PLEASE WRITE IN CAPITALS.**

| | |
|---|---|
| **First Name:** | |
| **Surname:** | |
| **Address:** | |
| **Postcode:** | |
| **Telephone:** | **Home:**<br>**Mobile:** |
| **Date of Birth:** | |
| **Year & Tutor Group** | |
| **Subject Course (s)** | |
| **BANK AND BUILDING SOCIETY DETAILS:** | |
| **Account Number:** | |
| **Sort Code:** | |
| **Account Holders Name:** | |
| **Name of Bank/<br>Building Society** | |

**For office use only:**

**Application approved: _____ Ms S Kothari Date: _____**

**Notes:-**