

FOR STUDENTS NOT ELIGIBLE FOR GOVERNMENT FUNDING

**APPLICATION FOR FINANCIAL ASSISTANCE FROM
THE SPECIAL SUPPORT FUND**

(Please read the notes at the foot of this form before completion)

A. PERSONAL DETAILS

1.	SURNAME:	FORENAMES:
2.	STUDENT ID NO:	CONTACT NO:.....
3.	DATE OF BIRTH:	AGE ON 1.9.16:
4.	HOME ADDRESS:	TERM TIME ADDRESS:
5.	COURSE TITLE:	YEAR: FULL-TIME/PART-TIME (eg 1 st , 2 nd , 3 rd) (Please tick)

B. FINANCIAL DETAILS

6.	DO YOU RECEIVE ASSISTANCE WITH YOUR TUITION FEES?	YES/NO
7.	PLEASE GIVE DETAILS OF ANY BENEFITS EITHER YOU, YOUR PARENTS OR GUARDIAN ARE RECEIVING: Name of Benefit: Name of Claimant: Reference Number of Claim:	
<i>Please note that grants from the Special Support Fund may affect your entitlement to social security benefits.</i>		
8.	HAVE YOU APPLIED FOR A PROFESSIONAL & CAREER DEVELOPMENT LOAN? (Only applicable to students over 18 who are not in receipt of grant aid to cover course fees) If 'YES', please state amount received.	YES/NO £.....
9.	DO YOU RECEIVE FINANCIAL SUPPORT FROM ANY OTHER SOURCE? Please give details:	YES/NO
10.	HAVE YOU RECEIVED PREVIOUS FINANCIAL SUPPORT FROM THE COLLEGE DURING THE CURRENT ACADEMIC YEAR? If YES, please state date and amount :	YES/NO Date: £.....

C. BUDGET SHEET

PLEASE COMPLETE AS FULLY AS POSSIBLE. IF NECESSARY, GIVE AN ESTIMATED FIGURE.

(There are 37 weeks in the HE year)

Expenditure per week	£
Halls of Residence	
Rent/Mortgage	
Food	
Electricity/Gas	
Water Rates	
Insurance	
Travel	
Telephone	
Other (please specify):	
TOTAL	£

Income per week	£
Parental contributions	
Earnings from employment	
Professional & Career Development Loan	
Trust Funds/Sponsorship	
DSS Benefits	
Other (please specify):	
TOTAL	£

DECLARATION

I declare that, to the best of my knowledge and belief, the information which I have given is accurate in all respects. I understand that if I have knowingly given false information, I am liable to have disciplinary proceedings taken against me which could result in my dismissal from the University College. It is with this understanding that I hereby make my application for assistance from the Special Support Funds.

Signature: Date:

Please ask your Course Scheme Manager or Programme Manager to comment and sign below in support of your application, before returning the form to Learner Services. (contact details below).

STAFF RECOMMENDATION

Please comment below:

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.....
.....
.....
.....
.....

Attendance and Commitment is: Poor / Satisfactory / Good / Excellent (Please tick)

I SUPPORT / DO NOT SUPPORT THIS APPLICATION

Signature Date

Name (please print)

IMPORTANT NOTES (Please read carefully)

- (i) The College has strictly limited funding available to it to enable it to respond positively to genuine cases of student hardship and need.
- (ii) Students must provide documentary evidence of their efforts to obtain financial support from other sources.
- (iii) After completion, this form should be sent or taken to Learner Services, Main Building, Writtle University College, Writtle, Chelmsford, Essex CM1 3RR. Please do not forget to sign the declaration.
- (iv) Your reply will be ready to collect from Learner Services, 15 working days after your form has been received. Please show your ID card.
- (v) **CONFIDENTIALITY:** The information that you have provided in this form will be treated in the strictest confidence. Disclosure will be made only to those persons exercising the necessary responsibility for the control and administration of the Special Support Funds.

FOR OFFICE USE ONLY

FINANCE

OUTSTANDING FEES? YES NO AMOUNT / DETAILS

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ANY OTHER RELEVANT INFORMATION?

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.....

.....

Signature:

Date

STUDENT SUPPORT

FT PT FE HE PG

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.....

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Signature:

Date:

SENIOR MANAGEMENT APPROVAL

APPROVED REJECTED COMMENTS

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Signature:

Date:

Title:.....

Amount of Grant	Amount of Loan	Repayment Date	Rejection	Date Student Notified	Date Cheque Collected