

|                               |                            |                 |
|-------------------------------|----------------------------|-----------------|
| Writtle University<br>College | Academic Year<br>2020/2021 | Application No. |
|-------------------------------|----------------------------|-----------------|

# Application for Support from the HE Hardship Fund

**Important**

- Read the accompanying guidance notes before completing this form.
- Applications will not be processed if you do not answer all the appropriate sections and attach copies of all relevant documents.
- If you have not made realistic plans to fund your tuition fees and essential living costs, your application will not be considered
- Return your completed form to Student Finance, Room L09, Writtle University College, Writtle, Chelmsford, CM1 3RR

**Part 1: Your Personal Details**

1 Student ID number

2 Your title (tick **one** box only)

|    |     |      |    |       |
|----|-----|------|----|-------|
| Mr | Mrs | Miss | Ms | Other |
|----|-----|------|----|-------|

↓

3 Your first names (in full)

4 Your surname (in full)

5 Your date of birth (DD/MM/YYYY)

6 Your age (in years) on 01/09/2019

7 Your full **correspondence** address

Postcode

8 Mobile Telephone number

9 Personal Email address

All correspondence will be sent via the University College email system

**10 Personal status/Accommodation details**

Do you live:

  
  

Alone?

With your partner or spouse

In shared accommodation

  
  

In a hall of residence?

With your parents or guardian?



How many other adults live at this address?

Do you share all household expenses?

Yes

No

**Part 2: Course Details**

**11** Course title

**12** Department

Undergraduate

Postgraduate

**13** Are you studying:

Full time?

Part time?

**14** Start date of course (DD/MM/YYYY)

**15** Year of course

1

2

3

Other (please state year)

**16** Is this a repeat year?

Yes

No

**17** Is this your final year?

Yes

No

**Part 3: Your Dependants**

**18** Do you have any children who are financially dependent on you?

  

Yes

No



Give details

Full name

Date of birth

| Full name | Date of birth |
|-----------|---------------|
|           |               |
|           |               |
|           |               |
|           |               |
|           |               |
|           |               |
|           |               |

19 Do you have any adults who are financially dependent on you?

|                          |     |                |           |               |
|--------------------------|-----|----------------|-----------|---------------|
| <input type="checkbox"/> | Yes | → Give details |           |               |
| <input type="checkbox"/> | No  |                |           |               |
|                          |     |                | Full name | Date of birth |
|                          |     |                |           |               |
|                          |     |                |           |               |
|                          |     |                |           |               |

**Part 4: Disability/Special Medical Needs**

20 Do you have a disability or chronic medical condition?  Yes  No

21 Have you applied for the Disabled Students' Allowance (DSA)?  Yes  No

22 Do you wish to apply for financial assistance towards any special equipment/material not covered by DSA or for assistance towards the cost of a diagnostic test?

Yes  No

↓  
Give details

|  |
|--|
|  |
|--|

**Part 5A: Student's Income***(There are 37 weeks in the HE Year)*

|  | Wk/Mth/Yr |
|--|-----------|
| Student Finance Maintenance Loan                 |           |
| Parents Learning Allowance / Lone Parents' Grant |           |
| Adult Dependants' Grant                          |           |
| Childcare Grant                                  |           |
| Care Leavers' Grant                              |           |
| Net earnings                                     |           |
| Child Tax Credit                                 |           |
| Working Tax Credit                               |           |
| Child Benefit                                    |           |
| Housing / Council Tax Benefit                    |           |
| Income Support / Universal Credit                |           |
| Scholarships / Trusts / Grants                   |           |
| Disability Benefits (please specify)             |           |
| Other income including savings (please specify)  |           |

**Part 5B: Partner's Income**

|                                |  |
|--------------------------------|--|
| Net earnings                   |  |
| Other income                   |  |
| <b>Overall Total (5A + 5B)</b> |  |

**Part 6: Student's & Partners Expenditure****Composite Living Costs**

|  | Wk/Mth/Yr |
|--|-----------|
| Food / Household / Laundry   |           |
| Gas  |           |
| Electricity  |           |
| Water  |           |
| Telephone  |           |
| TV Licence   |           |
| Contents Insurance   |           |
| Council Tax  |           |
| Fees   |           |
| Halls / Rent / Mortgage  |           |
| Childcare costs  |           |
| Travel costs   |           |
| Private vehicle costs (road tax, fuel, insurance, maintenance etc) |           |
| Books / equipment / course costs (including photocopying)          |           |
| Other costs (please specify)                                       |           |
| <b>Total</b>   |           |

**Part 7: Application**

**23 Please explain why you are in financial difficulty, providing as much specific information as possible regarding your situation.**

**Part 8: Declaration**

**I declare that the information that I have given on this form is correct and complete to the best of my knowledge.**

**I understand that I may be asked to provide additional information to substantiate my application.**

**I understand that giving false information will automatically disqualify my application and may also lead to disciplinary procedures resulting in possible expulsion from the university. I further undertake to repay any grants obtained by me as a result.**

Your name (CAPITALS)

Your signature

Date

## Part 9: Request for documentation

### Please enclose photocopies of the documentation relevant to your application

**BANK ACCOUNT (S): SUBMIT WITH ALL APPLICATIONS**

- Please provide bank statements (**ALL ACCOUNTS, WHETHER USED OR NOT, WHETHER EMPTY OR NOT**) for the 3 months (90 days) prior to your application for **you and/or** your partner.
- Print off online statements but do not cut and paste
- Copies of paper statements are also acceptable
- Statements should include name, sort code and account number
- Show the description of credits and debits and show balances

Student Finance Maintenance Loan Breakdown form 2019-20 (undergraduate)

Evidence of Master's Loan (post graduate)

SFE letter confirming Adult Dependant's Grant, Parents' Learning Allowance, Childcare Grant 2019-20

3 months' pay slips or contact of employment confirming your and/or your partner's income (if relevant)

Evidence of Child Dependants Allowance (LSF) 2019-20

Evidence of benefits received by you and/or your partner (e.g. Housing Benefit, Tax Credits, Income Support, Job Seekers' Allowance, Universal Credit)

If applicable, please provide details of any WUC Bursary and/or Scholarship(s) awarded

Evidence of rent / mortgage payments

Tenancy agreement

Internet bill

Car costs:

Childcare costs

## Part 10: Bank details

Payments are normally made by electronic transfer. Payment will be made into the account below, which must be a current account.

Name of Bank/Building Society

Sort Code

/ /

Account Name

Account Number

## Data Protection Act

Data Protection Act 2018 / General Data Protection Regulation (Regulation (EU) 2016/679)

Writtle University College is a data controller in terms of the above legislation. The Student Finance Department follows University College policy in matters of data protection. The data requested in this form is covered by the notification provided by the University College under the Data Protection Act 2018 / General Data Protection Regulation (Regulation (EU) 2016/679).

The data will not be passed to any other third party without your consent, except when the University College is required to do so by law. Any formal enquiries concerning the use of data noted here should be addressed to The Head of Student Finance, Writtle University College, Chelmsford, CM1 3RR.

We will hold this information securely and use it to process your application. For more information about how we use your data, please see [www.writtle.ac.uk/Privacy-and-Cookies](http://www.writtle.ac.uk/Privacy-and-Cookies)