

**MARY WARD CENTRE  
APPLICATION FOR STUDENT SUPPORT FUNDS**

- Please complete *all* parts of this form.

**PART 1: YOUR DETAILS**

Name _____	Student No _____
Address _____	
_____	
Post Code _____	Telephone/e-mail _____

**PART 2: COURSE DETAILS**

Course Code	Course Title	Day/s	Time	Wks	Start date	Finish date	Office use A?

**PART 3: WHAT ARE YOU APPLYING FOR?**

(There is an additional form for childcare)

Category	Details	Amount required	Office Use
<b>Travel home to college</b> Tell us how you get here Tube/bus/both/other	Zone <input type="checkbox"/>		
<b>Books/materials</b> Please give title/cost/publisher/ISBN			
<b>Equipment</b> (please get details from your tutor)			
<b>Other (e.g. counselling)</b>			
<b>Examination fee</b>			
<b>Course Fees</b>			

***PLEASE TURN OVER – WE CANNOT PROCESS YOUR APPLICATION  
UNLESS YOU COMPLETE ALL PARTS OF THE FORM***

**PART 4: FINANCIAL CIRCUMSTANCES**

**ALL INFORMATION IN THIS SECTION WILL REMAIN CONFIDENTIAL**

- Are you supported financially by anyone? YES/NO  
If YES give details
- Do you support anyone financially YES/NO  
If YES give details

**MONTHLY INCOME/OUTGOINGS**

<b>INCOME</b>	<b>AMOUNT</b>	<b>OUTGOINGS</b>	<b>AMOUNT</b>
Take Home Pay		Rent/Mortgage(please circle)	
Partner's Take Home Pay		Council Tax	
Social Security Payments		Public Utilities (e.g. gas, electricity, phone)	
Other means tested benefit (e.g. housing benefit)		Travel	
Child Benefit Allowance		Childcare	
Other Income		Housekeeping (food, cleaning etc)	
<b>TOTAL INCOME</b>		<b>TOTAL OUTGOINGS</b>	

*Evidence of income must be attached*

**If there are any other relevant factors which you would like to be taken into account please attach an additional sheet.**

**If your grant application is successful:**

**Do you have a bank account? YES/NO**

**If NO do you require cash? YES/NO**

**PART 5:**

- I satisfy the residence eligibility as set out in the Fund leaflet
- I certify that the information I have provided above is correct and I can provide supporting evidence
- I understand that I must use any money received for the designated purposes and if required provide evidence of expenditure
- I understand that if I withdraw or do not complete or do not attend regularly I may be liable to pay back all or part of the monies given to me by the Mary Ward Centre

**SIGNED (BY STUDENT)\_\_\_\_\_DATE\_\_\_\_\_**

**PART 6: OFFICE USE (To be completed by member of Advice and Guidance staff or Panel member)**

I have investigated the financial circumstances of this student and am satisfied that this is an appropriate application

The student satisfies the residency eligibility

Signed \_\_\_\_\_

Date \_\_\_\_\_

**PART 7 (To be completed by Panel)**

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Application Approved  Rejected

Student Support Fund

Bursary Fund

CATEGORY	TERM1	TERM2	TERM3	COMMENTS
TRAVEL				
BOOKS/EQUIPMENT				
OTHER				
EXAM FEE				
COURSE FEE				
TOTAL				

Any additional comments