MARY WARD CENTRE

APPLICATION FOR STUDENT SUPPORT FUNDS 2022/23

* 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** |
| **Travel home to college**  **Tell us how you get here**  **Tube/bus/both/other** | **Zone**   |  | | --- | |  | |  |  |
| **Books/materials**  **Please give title/cost/publisher/ISBN** |  |  |  |
| **Equipment**  **(please get details from your tutor)** |  |  |  |
| **Course Fees** |  |  |  |
|  |  |  |  |
|  |  |  |  |

***PLEASE TURN OVER – WE CANNOT PROCESS YOUR APPLICATION***

***UNESS 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**

|  |  |  |  |
| --- | --- | --- | --- |
| **INCOME** | **AMOUNT** | **OUTGOINGS** | **AMOUNT** |
| **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)** |  |
| **TOTAL INCOME** |  | **TOTAL OUTGOINGS** |  |

### 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 you will be paid by bank transfer.**

**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 |