

STUDENT BURSARY FUND: APPLICATION FOR SUPPORT 2016/17


PART A – TO BE FILLED IN BY THE STUDENT

COMPLETED FORMS SHOULD BE RETURNED TO THE FINANCE OFFICE BY FRIDAY 16th SEPTEMBER 2016

Surname Forename(s)

Address

Post Code

Email 

Student ID Date Of Birth Age

Have you lived in the UK/EEA for the last 3 years? Yes No

Do you support yourself financially? Yes No

Have you ever been in care or are a care leaver? Yes No

Did you previously receive Free School Meals? (Year 11 leavers only) Yes No

Are you a parent who has responsibility for a child? Yes No

Do you live on your own? Yes No

If no, please indicate who you live with Parents/Guardians Other

Student Bank Information

Name on Account	<input type="text"/>								
Name of bank/building society	<input type="text"/>								
Sort code- 6 digits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account number- 8 digits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Transport

Do you use/plan to use one of the college buses only?(not from town) Yes No

Do you use/plan to use public transport or other transport? (not a college bus) Yes No

Do you have a disability which prevents you from walking 2 miles? Yes No

If you live 2 miles or less from HNC, travel support cannot be given.

Examination fees, Trips and Curriculum Costs

If your application is successful, the cost of the first re-sit fees will be paid for you. Forms for claiming this will be available from the exams office at the appropriate time. As a student receiving bursary you may qualify for trips and other essential curriculum resources.

Are you going to be on weekly work placement as part of your course? Yes/No

Your signature	<input type="text"/>
Date	<input type="text"/>

PART B – TO BE FILLED IN BY PARENTS OR GUARDIANS

Does the young person live with you at the address shown? Yes No

Do parent(s)/guardian(s) claim any of the following (please tick as appropriate)

Income support or Universal Credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employment & Support Allowance (Income) or Personal Independence Payments	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Free School Meals (year 11 leavers only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Working Tax Credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child Tax Credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Job Seekers Allowance (Income Based)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pension Credits (Minimum Guarantee Credit)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please specify other benefits

You must attach evidence of relevant benefit, for example a photocopy of the most recent award letter from the benefit authority. For Working Tax Credit or Child Tax Credit you need to supply the 2016/17 Tax Credit Award Notice.

Do parent(s)/guardian(s) work? Yes No
 If yes, please give gross household annual income Adult 1 Adult 2

Please enclose a copy of P60(s) for 2015/16

- I can confirm that the information given in this form is correct and complete to the best of my knowledge.
- I understand that the College has the right to make an independent check of any evidence produced and such action is deemed appropriate in the event of any information I have given being proven to be incorrect or false.
- I understand that whilst I am in receipt of Bursary Funds, it is my responsibility to immediately notify the Finance Office in Student Services of any change in my circumstances.

Signature of parent/guardian	
Date	

Data Protection Statement

Huddersfield New College wishes to fully observe the Data Protection Act 1998 and requires your consent to process your application using the data you have provided.
 Please note that by signing this form you are giving explicit consent for the data collected to be stored and/or processed.

PART C – FOR OFFICIAL USE

Date Application Received: Checked by: Application Number:

16-19 Applicant

Support approved **Approved by:**

Priority 1

Priority 2

Priority 3

£ _____ / month **Total** £ _____ /year