



For office use only

Date received

Home status checked Enrolled

Course validation Level Flagged

Student No.

Financial Support Application 2018-2019

16-18 Bursary

16-18 Transport 5+ miles (More than 5 miles to Campus)

Free Meals

19+ Learner Support Fund

Advanced Learner Loan Bursary

Loan Approved on Portal

Please read the enclosed eligibility & guidance notes before completion.

Part A - Personal Information

Surname Forename

Date of birth Age Nationality

Email Address

Have you been resident in the UK/EEA for the last 3 years? YES NO

Are you an Asylum Seeker? YES NO

Home address

Post code

Telephone Mobile

Please indicate who you live with: Partner Parents Relatives Other On own

Do you have any dependant children? YES NO

If 19+ do you have an Education Health Care Plan? (If YES please attach) YES NO

Part B - Course Information

Course Title(s)

Office use only

Start	End	Total GLH	Total Wks
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Intended campus of study (please tick accordingly)

Bede Campus City Campus Hartlepool Sixth Form College Washington Campus Other, please state:

Days of Attendance: Monday Tuesday Wednesday Thursday Friday

Previous Student No (if applicable)

Part C - Other Information

Transport arrangements - to be completed by all students

Please indicate how you will travel to College: Public Transport Private Transport Other Please state:

If using Public Transport please indicate which transport operator you need to use to attend College:

Stagecoach Buses Go North East Buses Arriva Require combination Metro Other Please state:

Please indicate the weekly cost of travel

Only to be completed by students aged 16-18

Have you ever been in care/or are you a care leaver? YES NO
(If YES please attach a letter from your Social Worker/Local Authority)

As a young person are you claiming Income Support or Universal Credit in your own right? YES NO

As a young person are you claiming Employment and Support Allowance together with either Personal Independence Payment or DLA? YES NO

Are you a young carer? YES NO

Are you a young parent? YES NO

Do you give permission for your award and payments to be discussed with parent(s)/guardian(s)? YES NO

Part D - Student's Bank Information

Student must have their own account. Not essential if only applying for 16-18 transport 5+ miles in Sunderland.

Full name of Account Holder

Name of Bank

Branch

Sort Code (6 digits) - -

Account Number (8 digits)

Please enclose evidence of bank account such as letter from bank/statement.

Part E - Income Details

If 16-18 to be filled in by parent(s)/guardian(s) if 19+ to be filled in by student

Please indicate if claiming any of the following benefits (tick all which apply):

- | | |
|--|---|
| <input type="checkbox"/> Child Benefit (evidence required for all 16-18's) | <input type="checkbox"/> Child Tax Credit |
| <input type="checkbox"/> Employment & Support Allowance (income related) | <input type="checkbox"/> Working Tax Credit |
| <input type="checkbox"/> Job Seekers Allowance (income based) | <input type="checkbox"/> Income Support |
| <input type="checkbox"/> Pension Credits (minimum guarantee credit) | <input type="checkbox"/> Universal Credit |

Do you work? YES NO

Please outline Gross Annual Income:

Adult 1

£

Adult 2

£

You must attach proof of benefit or income such as a photocopy of a recent letter from benefit authority/bank statement/tax credit award notice 2018-2019/p60.

Part F - Signature

If aged 16-18 both the student and parent/guardian should sign this section.

I understand that payments are subject to me achieving agreed standards of behaviour, commitment and attendance each month. I confirm that I agree to the summary conditions which will be outlined fully in my award notification, and the Guidance for Students. I 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 as is deemed appropriate in the event of any information I have given proven to be incorrect or false.

Signature of student

Date

Signature of parent/guardian if 16-18

Date

Have you remembered to enclose:

- | | |
|---|--------------------------|
| Evidence of student's bank account | <input type="checkbox"/> |
| Evidence of child benefit from parent(s)/guardian(s) if 16-18 | <input type="checkbox"/> |
| Evidence of relevant benefit or proof of household income | <input type="checkbox"/> |

**Please check that you have answered each section fully.
Incomplete forms cannot be processed.**

Once complete, including evidence, please send to:

Sunderland College, Welfare Team, City Campus, Park Lane, Sunderland, SR13NX
(if posting before August 31st 2018, please use address above)

Hartlepool Sixth Form College, Brinkburn, Blakelock Road, Hartlepool, TS25 5PF
or hand in to reception at your main campus of study.



Evidence check:

Bank Evidence - attached	<input type="text"/>	Proof of Income & Child Benefit (only for 16-18) - attached	<input type="text"/>
Initials of Means Tested Benefit Claimed (if applicable)	<input type="text"/>	Total Household Income (if applicable)	<input type="text"/>

Eligibility check (tick if eligible):

Travel > ½ mile
 Travel > 5 mile
 Kit
 Bursary/Grant
 Free Meals & Breakfast

Calculation for exceptional award/Placement Meal Costs

Award details (please circle which awards are applicable):

Assessed by Checked by Date processed

Categories of Support	Travel Costs	Key Card	Vouchers	Amounts Awarded
	Kit Costs internal	B&E		
Bursary	Grant			
Other (outline)				
Free Meals & Breakfast Standard £357 + £99 = £456	Internal for South Shields Sport Development = £742			Cashless/Internal Cash

Voucher No's/Key Card Ref (if applicable) Total Awarded

Payment plan (this should not include any awards for key cards/vouchers/standard free meals/internal payments)

No. of Initial BACS Instalments	<input type="text"/>	Monthly payment	£ <input type="text"/>	= Total	£ <input type="text"/>
Remaining Monthly BACS Instalments	<input type="text"/>	Monthly payment	£ <input type="text"/>	= Total	£ <input type="text"/>

Re-assessment

Rationale for re-assessment

Calculation of Award

Payment Plan

Additional details

Withdrawal Date

Further Information

End of Academic Year - Total Paid £