

FINANCIAL SUPPORT APPLICATION 2017-2018

Office use only	
Date Received:	
Home status checked <input type="checkbox"/>	Enrolled <input type="checkbox"/>
Course Validation <input type="checkbox"/>	Level <input type="checkbox"/> Flagged <input type="checkbox"/>
Student No:	

- | | |
|---|--|
| <input type="checkbox"/> 16-18 Bursary | <input type="checkbox"/> 19+ Learner Support Fund |
| <input type="checkbox"/> 16-18 Transport 5+ miles (More than 5 miles to Campus) | <input type="checkbox"/> Advanced Learner Loan Bursary |
| <input type="checkbox"/> Free Meals | <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/>
Are you an Asylum Seeker?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Home Address			
			Post Code
Telephone		Mobile	

Please indicate who you live with: Parents <input type="checkbox"/> Partner <input type="checkbox"/> Relatives <input type="checkbox"/> Other <input type="checkbox"/> On own <input type="checkbox"/>				
Do you have any dependant children?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
If 19+ do you have an Education Health Care Plan? (if Yes please attach)			YES <input type="checkbox"/> NO <input type="checkbox"/>	

PART B – COURSE INFORMATION

Course Title(s)

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Start	End	Total GLH	Total Wks

Main Campus of Study:	Bede <input type="checkbox"/>	City Campus <input type="checkbox"/>	St Peter's <input type="checkbox"/>	Washington <input type="checkbox"/>
Other Campus (please state)				
Days of Attendance:	Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/> Fri <input type="checkbox"/>
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	

If using Public Transport please indicate which transport operator you need to use to attend College					
Stagecoach Buses		Go North East Buses		Require Both	
Metro		Arriva		Other	

Please indicate the weekly cost of travel	
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ONLY TO BE COMPLETED BY STUDENTS AGED 16-18

Have you ever been in care/or are you a care leaver? If yes please attach a letter from your Social Worker / Local Authority.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
As a young person are you claiming Income Support or Universal Credit in your own right?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
As a young person are you claiming Employment and Support Allowance together with either Personal Independence Payment or DLA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a young carer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Do you give permission for your award and payments to be discussed with parent(s)/guardians?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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PART D – STUDENT'S BANK INFORMATION

STUDENT MUST HAVE THEIR OWN ACCOUNT. NOT ESSENTIAL IF **ONLY** APPLYING FOR 16-18 TRANSPORT 5+ MILES.

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)

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	<input type="checkbox"/>
Please specify any other benefits			

Do you work?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
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 2017-2018 / P60

PART F – SIGNATURE

If aged 16-18 **both** the student and parent 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			

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, SR1 3NX
or hand in to reception at your main campus of study.

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EVIDENCE CHECK

Bank Evidence – attached	
Proof of Income & Child Benefit (only for 16-18) – attached	
Initials of Means Tested Benefit Claimed (if applicable)	
Total Household Income (if applicable)	

ELIGIBILITY CHECK (TICK IF ELIGIBLE)

Travel > ½ mile		Travel > 5 miles		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	
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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 Dev. = £742			CASHLESS / INTERNAL:

Voucher No's / Key Card Ref (if applicable)		Total Awarded	
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PAYMENT PLAN (THIS SHOULD NOT INCLUDE ANY AWARDS FOR KEY CARDS / VOUCHERS / STANDARD FREE MEALS / INTERNAL PAYMENTS)

No. of Initial BACS Instalments		Monthly payment	£	=Total	£
Remaining Monthly BACS Instalments		Monthly payment	£	=Total	£

RE-ASSESSMENT

Rationale for re-assessment	
Calculation of Award	
Payment Plan	

ADDITIONAL DETAILS

Withdrawal Date		Further Information	
End of Academic Year – Total Paid		£	