

Student Support Fund for Students under 19 years 2011 – 2012

Part 1. Student Details		
First names	Surname/Family Name	
Date of Birth	Age on 31 August 2011	Year
Home Address	Home Telephone Number	
	Mobile Telephone Number	
	Email address (if you have one and use it regularly)	
Postcode:		
Have you been resident in the UK and Islands for the whole of the three year period preceding your course, other than for the purposes of full-time study? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'NO', please give the date you moved to the U.K.		

Part 2. Parents' or guardians' Details	
Surname	Title and First Name
Address (if different from above)	Contact telephone numbers:
Post code:	Parents email address:

Part 3. Household Details		
Please state who you live with and their relationship to you		
Name	Relationship to you, e.g. mother, father, brother, sister, partner etc	Age if under 16

If any of the following circumstances apply to you, please tick the appropriate box

- You are 16-18 years, live independently and claim Income Support
- You are looked after by the Local Authority
- You are a Care Leaver
- You are 16-18 years and are yourself a parent and receive Income Support
- You are 16-18 years and receive Income Support for any reason

Part 4. Please indicate the help you require by ticking the appropriate boxes														
<input type="checkbox"/> Travel costs (please note Bus service / train route)	Route	For office use only <table border="1" style="width: 100%;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>												
<input type="checkbox"/> Educational costs: (Please list the subjects you are studying and we will work from the published costs for each subject)	Subject 1													
	Subject 2													
	Subject 3													
	Subject 4													
	Subject 5													

PLEASE NOTE THAT ALL GRANTS ARE SUBJECT TO AVAILABLE FUNDS

Part 5. Income details (For household)

Please indicate which of the following benefits/income you are currently in receipt of. Please send a copy of ONE of these as evidence of the household income.

Type of Income	Yes/No	Evidence required
Income Support		An award letter which is less than 3 month old on the date of application
Jobseeker's Allowance (Income Based)		An award letter which is less than 3 month old on the date of application
Working Tax Credit / Child Tax Credit		Pages 1-4 of your most recent Tax Credit Award
Pension Credit (Guarantee credits only)		An award letter which is less than 3 month old on the date of application
Income-based Employment and Support Allowance (ESA)		An award letter which is less than 3 month old on the date of application
Other: Benefits/Pensions(specify)		An award letter which is less than 3 month old on the date of application
Earned income with no additional benefits		Include last 3 monthly wage slips or last 6 weekly wage slips or 4 fortnightly wage slips
Self employed earnings with no additional benefits		Audited accounts or official tax return

N.B. If you do not have the specified evidence, please contact the Student Finance Adviser to discuss possible alternative evidence options. You can also attach a letter outlining any special circumstances that may apply in your case.

Applicant's Declaration**I declare that**

- The information I have given on this form is true and accurate to the best of my knowledge
- I will supply any further information that is required to verify the details
- Any assistance provided is subject to enrolling on the course of study and maintaining satisfactory levels of progress and a good level of attendance
- That all, or part. Of any payment may be repayable if I withdraw from my course for whatever reason during this academic year. The amount to be repaid will be determined by the College
- I give permission for enquiries to be made of the relevant staff/authorities to verify the information provided
- I accept that a letter confirming any Student Support Fund award will be sent to my parent(s) of guardian(s) (if financially dependent)
- I understand that supplying false information will disqualify my application for Student Support Fund assistance
- I understand that I will not receive any financial assistance until I have enrolled at Barton Peveril.

Student's Signature**Date:**

Before returning this form please ensure that the evidence is attached to the application.

Please return this form to: Student Finance Adviser, Barton Peveril College, Chestnut Avenue, Eastleigh, SO50 5ZA

If you need any information, help with completing this form or support, please contact: **Student Finance Adviser, Telephone: 02380 624286, Email: studentfinance@barton.ac.uk.**