**South Downs College**

**Discretionary Financial Assistance (DFA)**

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| For Office Use Only |
| Approved |  |
| Not approved |  |

**Application Form 2016 – 2017**

 ● Financial support is not available for the following courses; where the code begins

 with F, HNC/HND, Levels 3, 4 and 5 for students aged 19 and over.

* The DFA is limited and can only be allocated whilst funding lasts.

Funding cannot be guaranteed in cases of over-demand.

* All applications will be considered individually and are to be completed by the student.

**It is essential that you complete this application form in detail and complete all sections,**

**explaining why you are facing financial hardship and what you are seeking financial assistance for.**

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| **Section 1 - Student Details** |
| Surname: | First Name (s): |
| Address: |
|  | Postcode: | Date of Birth: |
| Home Tel No: | Mobile No: | Age on 31st August 2016: |
| Course Title: | Full or Part Time:  |
| Student Reference No: |

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| **Section 2 - Student status** | **Please tick** |
| I live with my parent(s)/carer(s) |  |
| I live alone |  |
| I live with my partner |  |
| Other (please state) (e.g. homeless)  |  |
| I have dependent children, please state their ages  |  |

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| **Section 3 – Please indicate if you meet any of the following Priority Groups** | **Please tick** |
| I am a lone parent |  |
| I am a carer for an adult or child relative |  |
| I left school before I was 16 |  |
| I have a significant diagnosed mental health condition (appropriate evidence will be required) |  |
| I am dependant on somebody who has been made redundant in the last 12 months and still remains unemployed |  |
| I am in care or have recently left care |  |
| I am supervised by a Youth Offender Officer |  |

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| **Section 4 - Have you recently encountered any changes in your circumstances (such as redundancy or estrangement from your family): YES / NO** |
| *If yes please give details* |

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| **Section 5 – Do you qualify for** |
| **Care to Learn**: If you are a young parent (aged under 20), Care to Learn can help pay for your childcare and related travel costs while you’re learning. Contact the Learner Support helpline on 0800 121 8989 or www.direct.gov.uk**Have you applied to receive funding from Care to Learn for 2016/17: YES / NO** |

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| **Section 6 - Do you, your partner or the people you are dependent on receive any of the following? If yes, please indicate the amount received per month. *Evidence must be supplied.*** |
|  | **£ per month** |  | **£ per month** |
| Carers Allowance |  | Child Benefit |  |
| Child Tax Credit |  | Council Tax Reduction (other than single occupancy) |  |
| Employment & Support Allowance |  | Housing Benefit  |  |
| Incapacity Benefit |  | Income Support\* |  |
| Income from Savings |  | Job Seekers Allowance  |  |
| Maintenance Payments for any children within the household |  | Private/Occupational Pension |  |
| Pension Credit (guarantee element) |  | Working Tax Credit |  |
| State Retirement Pension |  | Universal Credit (other than Child Tax element) |  |
| Any Other Benefit (give details) |  |

***\*****I understand that if I am a student in receipt of Income Support (Universal Credit), I need to declare any funds received through the Discretionary Financial Assistance scheme.*

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| **Section 7 - Please give details of the monthly earnings, before Tax & NI deductions that you, your partner or the people you are dependent on received for the last three months. Please attach payslips as evidence of the figures stated below along with bank statements for the last three months** |
|  | **You**  | **Mother** | **Father** | **Carer 1** | **Carer 2** | **Partner** |
| **£ Month 1** |  |  |  |  |  |  |
| **£ Month 2** |  |  |  |  |  |  |
| **£ Month 3** |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |

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| **Section 8 – Please list the items you are asking for assistance with, such as uniform, travel, childcare etc.** |
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I certify that the above information is correct and I give permission for college staff if appropriate, parents/carers to be consulted over this application. I agree to South Downs College processing personal data contained in this application form for the purpose of administering the Discretionary Financial Assistance scheme. I confirm that any evidence given in support of my application is correct and complete to the best of my knowledge. I confirm that any evidence given in support of my application is correct and complete to the best of my knowledge.

Awards from the Discretionary Financial Assistance scheme are granted on the following conditions; that your attendance record is satisfactory, you produce all assignments/homework on time and conform to the College’s rules and regulations. If, at any time, your attendance, work or behaviour is considered to be unsatisfactory, the funding may be withdrawn or suspended.

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| Signature | Date: |

**Please return this form to:**

**Student Finance & Travel Support, South Downs College, College Road, Waterlooville, Hants, PO7 8AA**

**023 9279 7979 (Switchboard)**