

APPLICATION FOR STUDENT FINANCIAL ASSISTANCE 2018 - 2019

Important:

- Please answer all questions by printing clearly in black ink and ticking the appropriate boxes.
- Your application will be returned to you if you do not answer all the appropriate sections and attach copies of all relevant documents, which may result in delay in you receiving support.
- All correspondence will be sent to the address held on our Student Records.
- Please return your completed form to the Finance Department, Haywood Academy, High Lane, Burslem, Stoke on Trent, Staffordshire, ST6 7AB.

YOUR PERSONAL DETAILS

Your Title (<i>tick one box only</i>)		Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
Your First Name(s) (<i>In full</i>)			Your Surname			
Address			Telephone Number			
Postcode						
Your Age (<i>on 31 August 2018</i>)			Date of birth DD/MM/YYYY			
Have you been a UK resident for the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			Country of Birth			
Are you living (<i>tick one box only</i>)		<input type="checkbox"/> Alone	<input type="checkbox"/> With Parents	<input type="checkbox"/> With Partner & Children		
		<input type="checkbox"/> With Partner	<input type="checkbox"/> With Children	<input type="checkbox"/> With Legal Guardian		
		<input type="checkbox"/> Shared Accommodation				
Names of people living in your household and their relationship to you:						

COURSE PATH

Please tick appropriate	<input type="checkbox"/> A levels & BTECs
	<input type="checkbox"/> Pre-Apprenticeship Learning Programme
	<input type="checkbox"/> Employability and Life Skills or GCSEs

SUPPORTING STATEMENT

Please use this space to explain why you are applying for financial support, and to tell us everything we might need to know relating to this application and what kind of expenses you would like to receive help with e.g. bus pass / travel costs to and from the college or work placement, essential equipment costs, lunch etc.

Continue on a separate sheet if necessary

Are you:

1. In care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. A care leaver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. On Income Support in your own right?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. On Employment & Support Allowance (ESA) or equivalent benefits through Universal Credit in your own right?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. On Disability Living Allowance (DLA) or Personal Independence Payments (PIP) in your own right?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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6. Studying at any other education provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give provider below		
Name:		
Please give course name:		

Note: If you are 16 to 18 and have ticked any of the boxes numbered 1-3 or both boxes 4 & 5 then you may be entitled to a Guaranteed Bursary Allowance. Please provide either a recent benefit letter or Social Services letter.

Is your household income below £21,000?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If your household income is less than £21,000, you are eligible to apply for the Haywood Maintenance Allowance. Household income is based on the earnings of your parent(s)/guardian(s)/partner and your own earnings.

HOUSEHOLD INCOME DETAILS

Please indicate ALL benefits that your household is receiving. Evidence of benefits/income MUST be included with your application as specified below. Please note that your household must be in receipt of all benefits available to you before your application for Financial Support can be considered.

PLEASE NOTE – WE DO NOT ACCEPT BANK STATEMENTS.

Benefit/Income	Evidence Needed	Yes/No
Income Support	Letter confirming benefit no more than six months old.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income based Jobseekers Allowance or Employment Support Allowance	Letter confirming benefit no more than six months old.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contribution based Jobseekers Allowance	Letter confirming benefit no more than six months old.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Tax Credit	All pages of 2017/18 Tax Credit Award.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Working Tax Credit	All pages of 2017/18 Tax Credit Award.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guarantee Element of State Pension Credit	Letter confirming benefit no more than six months old.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Universal Credit	Letter confirming benefit no more than six months old.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Support under Part VI Immigration and Asylum Act 1999	Confirmation letter from the Home Office.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Benefit/Income	Evidence Needed	Yes/No
Employment	Three recent Wage Slips.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self Employment	2013/2014 Self Assessment tax calculation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
State and/or Private Pension	Letter of entitlement and/or P60/ annual statement.	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATIONS

- ✓ *I declare that the information I have given on this form is correct and complete to the best of my knowledge.*
- ✓ *I understand that any information knowingly withheld, or false information given will automatically render my application null and void. I further undertake to repay any payments obtained by me as a result.*
- ✓ *I understand that I must attend my course regularly in order to qualify for financial support.*
- ✓ *I understand that it is my responsibility to inform the Academy of any changes to my circumstances and household income during the academic year.*
- ✓ *I understand that I may have to re-pay any support paid by the college if I withdraw from the course for whatever reason before the end of the academic year.*
- ✓ *I understand that the college may ask me to take part in a termly review of my application as part of its Audit process.*

Name _____

Signed _____

Date _____

NOTES: Staff use only:

Data Protection Act 1998:

In accordance with the Data Protection Act 1998 you have already given your consent to the academy processing data about you including any applications for financial assistance. The academy considers the information held within this application to be strictly confidential and it will be treated as such.