Heart of Worcestershire College

Application for

HE Financial Support

HE Boost | HE Hardship Fund | 20/21

Space for date stamp (Office use only)	
Bursary no.	Student no.

Please complete all relevant section	ons of the form in BL	OCK CAPITALS & BI	ACK PEN (tic	k where appropria	te).
Section 1 : Student Details					
First name Surnam Who do you live with: Parents	e] Spouse/Partner	Date of birth On my own	☐Other	Age on 31st Augu	st 2020
How many Dependents live in your household?		Are you or do yo with a single par	1 1 1/00	s □No	
Is your household income less than £2 a year (a copy of Student Finance Engaward notice is required)	aland Hyes fun	n you confirm that y ding (such as Empl ning and Developr	loyer, the NHS	Bursary or the	ion Yes No
Section 2 : Your Course					
Course Title		Le	evel		ll Time rt Time
Section 3: HE Hardship Fu	ınd Criteria				
To qualify you must be in receipt of extra money if you are experiencing • A part-time student with children, especially single parents The rules are different depending on What date did you start your course	financial hardship.From a low incoHomeless or livingwhen your course s	You may be for exme family ng in a foyer	xample:A student	t that was previou are leaver)	usly in
Section 4 : Evidence	Please t	ick to indicate wh	at type of ev	idence you have	provided.
If Student Finance England used your Your student finance breakdown PLUS	Your parents'/g credit award no Your parents'/g three payslips fo	uardians' tax tice uardians' P60s or or each	☐ Three red bank stat guardian	ride: cent and consecu tements for each in the household	parent/
If Student Finance England used you Your student finance breakdown PLUS	☐ Your tax credit ☐ A P60 or three	award notice	☐ Three red	cent and consecu tements for you a if you have one)	
If you are a care leaver or LAC studer Your student finance breakdown PLUS IF YOU CANNOT PROVIDE EVIDENCE	☐ A letter confirm LAC or looked a Services or a cal ☐ Your tax credit a	ofter from Social re provider award notice	and your Three rec bank stat	three payslips fo partner (if you ha cent and consecut rements for you a if you have one)	ave one) tive
PROCESS YOUR APPLICATION FOR	BURSARY PAYME	N15.			





Section 5 : Assistance

Please tick which support you require Support Available Hardship for Full-Time Student Hardship for Part-Time Student Boost Award (Closing date for Boost application is 9th October) Section 6: Childcare (for part-time students only) Please tick if you require help with the cost of childcare of childcare during the timetabled hours of my course, not including holidays. Please note: Students are responsible for the payment of childcare until the College has formally agreed to contribute to the cost. Have you provided a copy of you child/children's birth curtificate/proof of Child Benefit? Yes No Section 7: Statement to support application Please provide any further information you think we should know to support your bursary application? (le single parent etc.)	Section 5 : Assistance				
Hardship for Full-Time Student Childcare for Part-Time Student Boost Award (Closing date for Boost application is 9th October) Section 6: Childcare (for part-time students only) Please tick if you require help with the cost of childcare * Please complete separate form I am requesting financial assistance to cover the cost of childcare during the timetabled hours of my course, not including holidays. Please note: Students are responsible for the payment of childcare until the College has formally agreed to contribute to the cost. Have you provided a copy of you child/children's birth certificate/proof of Child Benefit? Years Grant (NEG Funding) for your child/children? Yes No Section 7: Statement to support application Please provide any further information you think we should know to support your bursary application?	Please tick which support you req	uire	Office use of	only	
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Childcare for Part-Time Student Boost Award (Closing date for Boost application is 9th October) Section 6: Childcare (for part-time students only) Please tick if you require help with the cost of childcare = * Please complete separate form I am requesting financial assistance to cover the cost of childcare during the timetabled hours of my course, not including holidays. Please note: Students are responsible for the payment of childcare until the College has formally agreed to contribute to the cost. Have you provided a copy of you child/children's birth certificate/proof of Child Benefit? Years Grant (NEG Funding) for your child/children? Yes No Section 7: Statement to support application Please provide any further information you think we should know to support your bursary application?	Hardship for Full-Time Student				
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I am requesting financial assistance to cover the cost of childcare during the timetabled hours of my course, not including holidays. Please note: Students are responsible for the payment of childcare until the College has formally agreed to contribute to the cost. Have you provided a copy of you child/children's birth certificate/proof of Child Benefit? Has your childcare/child-minder applied for an Early Years Grant (NEG Funding) for your child/children? Yes No Section 7: Statement to support application Please provide any further information you think we should know to support your bursary application?	Section 6 : Childcare (fo	r part	time stud	lents only)	
formally agreed to contribute to the cost. Have you provided a copy of you child/children's birth certificate/proof of Child Benefit? Years Grant (NEG Funding) for your child/children? Yes No Section 7: Statement to support application Please provide any further information you think we should know to support your bursary application?	I am requesting financial assistance				
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Please provide any further information you think we should know to support your bursary application?	certificate/proof of Child Benefit?	child/chil	dren's birth	Years Grant (NEG Fundir	
	Section 7: Statement to	suppo	rt applica	tion	
			CHILIK WE SHOOT	and know to support your k	Jul 3di y application:

Section 8: Student Bank Details Sort Code Account Name Bank Name Account Number If you fail to provide YOUR bank details your application will not be processed. **Section 9: Privacy and your data** Heart of Worcestershire College collects and processes personal data relating to its learners to effectively manage your learning and to meet its statutory obligations as a Further Education College; the College is the Data Controller for this information. The College is committed to being transparent about how it collects and uses that data and to meeting its data protection obligations. The full Privacy Notice and associated policies can be viewed online at www.howcollege.ac.uk, and these detail what, how and why we collect data, as well as how it is stored, and your rights relating to that data. We can also supply a printed copy and alternative formats upon request; we can also help explain anything you do not understand - please ask a member of staff. **Section 10: Student Declaration** I declare that the information on this form is true and accurate to the best of my knowledge. I have made this claim for bursary payment, fully aware that false statements can lead to withdrawal/refusal of financial support and may lead to open prosecution. I understand that if I refuse to provide evidence relevant to my claim the application will not be accepted. I will attend regularly and complete the course for which my bursary is supporting me. • When changes to my household financial circumstances occur, I will notify my institution immediately. I will notify my institution immediately of any changes to my bank details. I understand that monies I received under the bursary scheme have been awarded to provide me with financial support to allow me to continue in education and if I leave education all financial support will stop. I understand that I do not have an automatic entitlement to bursary payments, and all payments are based on the information I have provided. I understand that I have the right to appeal if I disagree with the outcome of my bursary application. This appeal should be made to my institution and I can follow the complaints procedures explained during the induction/ welcome programme. Please sign or enter your name - you may be contacted to confirm your identity

Applicant signature	Date
I confirm the above declaration \square	☐ Entering my name into the signature field
Please return the completed form and evidence to:	confirms my intention to sign as me and that the form contents are correct.
Redditch & Bromsgrove: studentfinance-redditch@howcold with the property of	llege.ac.uk I understand I may be contacted to
Worcester & Malvern: studentfinance-worcester@howcolle	ege.ac.uk provide further evidence.





Section 1: Stud	dent Details		
Student name		Student number	Fund
Course			Course code
Section 2: Awa	ard Grant		
Meeting Date:		Bursary No.	
Grant	Amount	Notes: Transfers, Journal, BACS, 6	etc
Fees & Exams	£		
Bursary	£		
Uniform/Equipment	£		
Trips	£		
Train	£		
Bus	£		
Car/Moped Fuel	£		
Childcare	£		
Mealcard	£		
Other	£		
TOTAL	£		
Notes:			
Sign		Sign	Sign
Section 3: Add	litional Award		
Bursary No.			
Date	Amount	Notes	
	£		
	£		
	£		
TOTAL	£		
Student officer sign	atura		Data