Heart of Worcestershire College

Application for

HE Financial Support 22/23 SILL

Please complete all relevant sections of the form in BLOCK CAPITALS

Section 1 : Student Details								
First name Surnam	rst name Surname [Age on 31st August 2022				
Who do you live with: ☐ Parents ☐ Spouse/Partner ☐ On my own ☐ Other								
How many Dependents live in your household? Are you or do you live with a single parent? Yes No								
Is your household income less than								
Section 2 : Your Course								
Course Title		 	Level	☐ Full Time ☐ Part Time				
Section 3: HE Hardship Fu	und Criteria							
To qualify you must be in receipt of receive additional support if you are		England assista	nce you are el	igible for, you could				
 A part-time student with children From a low income family Homeless or assisted living A care leaver 								
What date did you start your course	e?	1 1 1	■ Full-	-time ■ Part-time				
Section 4 : Evidence								
You must provide your studer If Student Finance England used you			ard please pro	vide:				
Your parents'/guardians' tax credit award notice								
If Student Finance England used your income to assess your award please provide:								
Your tax credit award notice A P60 or three payslips for you and your partner			☐ Three recent and consecutive bank statements for you and your partner					
If you are in care or a care leaver:								
☐ A letter confirming status from the Local Authority	☐ Independent inco (such as universa statement)		and you Three re bank sta	or three payslips for you or partner ecent and consecutive atements for you and your (if you have one)				
	PROVIDE EVIDENCE PPLICATION FOR B			ESS YOUR				



Section 5 : Support Options Please tick the options that apple ☐ Hardship for Full-Time Student ☐ Hardship for Part-Time Student ■ **Boost Award** (Closing date for Boost application is 8th October) ☐ Childcare for Part-Time Student (Please complete the separate childcare form) **Section 6: Statement to support application** Please provide any further information you think we should know to support your request for financial support.

Section 7: Student Bank Details

Name On Account	Bank Name (Lloyds, etc)	Sort	Coc	le			Acco	ount	Nun	nber		
If you fail to provide YOUR bank details your application will not be processed.												

Section 8: 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 9: 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 financial support and am 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 adhere to the attendance and behaviour policy and understand i must complete my course.
- 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 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 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 application. This appeal should be made to my institution and I can follow the complaints procedures explained during the induction.

Applicant signature	Date					
*Entering my name into the signature field confirms my intention to abide by the terms and conditions. I understand I may be contacted to provide further evidence.						