Heart of Worcestershire College

Application for

HE Financial Support 23/24

Student ID

Please complete all relevant sections of the form in BLOCK CAPITALS

Section 1 : Student Details

First name	Surname	Date of birth	Age on 31st August 2023
Who do you live with: 🗌 Pa	rents Spouse/Partner	On my own Othe	er
How many Dependents live in your household?		Are you or do you live with a single parent?	Yes No
ls your household income les £25,000 a year		confirm that you are not al funding (such as NHS E	
Section 2 : Your Cou	urse		
Course Title		Level	Full Time Part Time
Section 3: HE Hards	ship Fund Criteria		
To qualify you must be in receive additional support	eceipt of all Student Finance if you are:	England assistance you	are eligible for, you could
 A part-time student with a From a low income family		isted living	
What date did you start yo	ur course?		Full-time Part-time
Section 4 : Evidence	9		
	student finance breakd used your parent's income to		se provide:
Your parents'/guardians' credit award notice	tax 🔲 Your parents'/g three payslips fo	or each ba	nree recent and consecutive ank statements for each parent/ uardian in the household
If Student Finance England	used your income to assess y	our award please provic	le:
☐ Your tax credit award not	tice 🔲 A P60 or three p and your partne	r ba	aree recent and consecutive ank statements for you and your artner
If you are in care or a care le	aver:		

- A letter confirming status from the Local Authority
- Independent income evidence (such as universal credit statement)
- A P60 or three payslips for you and your partner
- □ Three recent and consecutive bank statements for you and your partner (if you have one)

IF YOU CANNOT PROVIDE EVIDENCE THEN WE CANNOT PROCESS YOUR APPLICATION FOR HARDSHIP OR BOOST PAYMENTS.



Section 5 : Support Options

Please tick the options that apply:

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 Code			Account Number								

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.