# Application for Financial Support



Please note this fund is a discretionary fund and not guaranteed. The award is based on assessment and approval. The fund is designed to remove barriers to your learning for a short period of time, while a long-term solution can be discussed with an Advisor. Please note, any payments made into a UK bank account may take three to seven days to reach your account, due to BACS banking procedures. Payments will show as LTE payments.

ID	Number	
(if a	pplicable)	

Family name

First name(s)

Date of birth

**Full address** 

#### **Postcode**

Telephone number(s)

**Email address** 

**NOTE:** If your address has changed, please ensure you complete a change form at Reception. Please use your student email as this will be the only address we will use to correspond with you.

#### **Course title**

#### Campus of study

## **Mode of study**

(Full-time or part-time)

Start date of course

# Year of study

(Year one, two or three)

Is this your final year?

(Yes or No)

Is this a repeat year?

(Yes or No)

# Are you...

Select the statements that apply to you

### **Aged 16 to 18**

Are you aged 16 to 18 and live outside Greater Manchester?

Do you have a learning difficulty or disability?

#### Aged 19 or above

If 19 or above, do you receive an Advance Learner Loan for your fees?

Do you have an EHCP?

How many other adults live at the address you have stated?

Do you share all household expenses? (Yes or No)

Do you have any children who are financially dependent on you? (Yes or No)

If answered yes to the above, please give details:

Name(s)

Date of birth(s)

Do you have any adults who are financially dependent on you? (Yes or No)

If answered yes to the above, please give details:

Name(s)

Date of birth(s)

# Do you receive any of the following? Select all that apply to you and include amount per month where possible

# Universal Credits £

For you £ Housing Element £ Child Element £ Disability £

**Child Benefit £ Housing Benefit £** 

JSA £ ESA £

Is this for Care/ DLA or PIP £ Care only Mobility only Mobility?

Zero Hour Income from Full-time Part-time work £ Contract

Any other income £

Please explain your financial situation
This will help us make an assessment and make the right award. Please ensure you provide evidence for your situation. Bank statement, benefit award letter, etc.
Do you need funds for clothes or materials/food for a work placement or job interview?
Do you need support paying for general living costs?
Is there an unexpected expense, if yes what is this?
Is the application as a result of a fine or other court proceedings?
Do you need support paying for a UCAS application?

### Please indicate which statement best describes your situation

(Evidence required)

Care leaver, living with a parent(s) or

guardian

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Household income is less than £20,000pa

Care leaver, living independently

Disability/health condition and receiving

support

I have claimed Welfare Benefits

in the last six months

Care giver for more than 30 hours per week

I have young children and still receive

some benefits

None of the above

I do not have access to a computer/laptop at

nome

I have an EHCP

# Name of bank/building society

**Account number** 

Sort code

# **Roll number**

(if applicable)

#### Name on account

#### Confidentiality

- · Applications are only seen by the assessing staff/welfare advisor.
- It may be necessary for further information to be sought from other staff in order for a decision on your application.

#### **Data Protection**

I am aware that my personal data will be processed by The Manchester College in line with the Student Privacy Notice, available at https://www.tmc.ac.uk/legal/dataprotection

**Appointment booked** Yes No

Date:

Time:

I declare that the information provided on this form is correct and complete to the best of my knowledge.

I understand that giving false information will automatically disqualify my application and may also lead to disciplinary procedures resulting in possible expulsion from my course.

#### Name

(in CAPITALS)

## **Signature**

Date