

ADVANCED LEARNING LOAN BURSARY FUND APPLICATION FORM 2020 – 2021

Funds are only available to students aged 19+ with a household income of below £23,000* and who are in receipt of an Advanced Learning Loan.

Please complete **ALL** relevant sections.

<u>Please complete the checklist before returning your form and ensure you supply the relevant evidence. Please supply originals and copies will be made.</u>

Students should note that this fund is limited, and awards from the fund will only be made where sufficient funds are available to do so. The College may refuse applications once the fund is exhausted. Applications will not be accepted within 2 months of the end date of the course unless there are extenuating circumstances which may affect your completion of the course.

| Learner Details | | | | |
|---|--------------------|--|--|--|
| Please provide your personal details. (Please write clearly) | | | | |
| Student ULN : Add | lress: | | | |
| (office to complete) | | | | |
| Title: Surname: | Postcode: | | | |
| F | | | | |
| Date of Birth: / / | ephone: | | | |
| | bile: | | | |
| | | | | |
| Email: | | | | |
| Have you been a resident in the UK for the last 3 years? YES NO | | | | |
| Course Details | | | | |
| Please provide us with as much information as you can about your course of study | | | | |
| Course Title: | Course Start Date: | | | |
| | | | | |
| Centre of Study: | | | | |
| BURSARY CRITERIA | | | | |
| To qualify you must be in receipt of the Advanced Learning L | | | | |
| I am in receipt of the Advanced Learning Loan Advanced Learning Loans Customer | YES NO NO | | | |
| Reference Number (must be provided) | | | | |
| *Are you able to provide evidence of your household income being below YES NO 223,000 if you live alone, or below £30,000 if you live with a partner/parent(s)? | | | | |
| Do you live alone or with a partner: ALONE WITH PARTNER | | | | |
| WITH PARENT(S) | | | | |
| | | | | |
| | | | | |

| Type of Benefit | YOU | YOUR PARTNER | EVIDENCE REQUIRED |
|-------------------------------|--------|-----------------|--|
| Type of Belletit | | (if applicable) | |
| Jobseekers Allowance | YES NO | YES NO | |
| | | | |
| (income based) award | | | If you have ticked "YES" in any of |
| letter | | | these boxes you must attach a |
| Employment Support | YES NO | YES NO | COMPLETE letter of proof for each |
| Allowance or Universal | | | benefit you receive from the |
| Credit & Disability Living | | | Benefits Office/ Local Authority |
| Allowance (DLA) or | | | issued within the last 3 months. |
| Personal Independence | | | |
| Payment (PIP). | | | In the case of Universal Credit – |
| DLA or PIP alone are not | | | please supply the last 3 monthly |
| valid | | | award statements. |
| Universal Credit - last 3 | YES NO | YES NO | |
| monthly award statements | | | If you do not submit the supporting |
| monthly award statements | WES NO | VEC NO | evidence we will not be able to |
| Any other Means Tested | YES NO | YES NO | process your application. |
| Benefit award letter | | | |
| National Asylum Support | YES NO | YES NO | |
| Service – ASPEN/ARC Card | | | |
| & last 3 Post Office receipts | | | |
| | YES NO | YES NO | |
| Income Support award | | | |
| letter | | | |
| Working Tax Credit - final | YES NO | YES NO | |
| award letter for 2020 - | | | |
| 2021 (NOT REVIEW LETTER) | | | |
| Pay slips (for last 3 | YES NO | YES NO | *Please supply proof of income for all |
| months)/P60 * | | | earners in the household. |
| months)/ Fou | | | carriers are monochora. |

Students aged between 19 and 25 who are subject to a learning difficulty assessment (LDA) or Education Health and Care Plan (ECH) may be entitled to free meals if they provide evidence to support the application.

^{*}Learners aged 19 are normally assessed as independent learners and household income is assessed on their own income or with that of their spouse/partner if applicable. If a learner has no income then the household income will be based on the income of the person(s) on whom the learner is dependent.

| Financial Support | | | | | | | | |
|---|--|----------------------|---|----------|---------|---------|-------|--|
| The amount of financial assistance you will receive is dependent on your personal circumstances. It is intended to help you with the costs of overcoming any financial barriers you may have when attending learning. | | | | | | | | |
| Please indicate wh | nat financial support y | ou require:- | | | | | | |
| | Type of Support Req | uired: | Amount: | | | | | |
| | Travel | | £ | per | week | | | |
| | Lunch | | £ | per | week | | | |
| | Childcare costs with approved provider. aged 19 at the start course you must approved to Learn | If you are of the | f Please pro Ofsted res childcare | vide ado | numbe | _ | | |
| Please state wh | ny you need financ | ial assistan | ce toward | ds the c | osts of | your st | tudy? | |
| BANK DETAILS | | | | | | | | |
| | | | | | | | | |
| Please provide your bank details below, as printed on your bank card or statement. Bursary payments will be paid direct into a student's bank account only. | | | | | | | | |
| Bank / Building S | - | | | | | | | |
| Sort Code: | | | - | | | - | | |
| Account Number | r: | | | | | | | |
| | | | | | | | | |

8) Declaration by student – please read and sign the declaration below

- The information I have given on this form is correct, true and accurate to the best of my knowledge.
- I understand that if I provide false or incomplete information, I may have to repay any money given to the applicant.
- I agree to notify the College of **any change in my circumstances** which may affect my eligibility for funding, or of any change to my course, as soon as either of these occurs, I will inform The Administrator immediately.
- I understand that the College may claim back all or some of the award made to me if I give misleading or inaccurate information intentionally. I recognise that false statements can leave me open to prosecution.
- I understand that financial assistance is dependent upon satisfactory attendance and behaviour. I understand the bursary payments will stop if my average attendance falls below 90%.
- I understand that if I withdraw from my course early, I may be asked to pay back some or all of the funding I have received to that date.
- I understand that any funding I am allocated is for this current academic year only and that a new application will be required for any subsequent years /additional courses.

| Signed: | | Date: | / | / | |
|------------------------------------|--------------|-------|---|---|--|
| (learner applying for assistance) | | | | | |
| Please return your application for | m to: | | | | |
| The Senior Ac | dministrator | | | | |
| Reynolds | Training | | | | |
| Orchard | House | | | | |
| Kent F | Road | | | | |
| DARTE | ORD | | | | |
| DA1 | 2AJ | | | | |