



| |
|--------------------------------|
| Date of Receipt |
| Initials of receiving Officer: |

APPLICATION FOR SUPPORT FROM THE MATURE STUDENT HARDSHIP FUND

UK HOME

Opens mid-September 23 and closes mid-July 24

Before completing the form, please read the Financial Support Policy published on the Mont Rose College (MRC) website. If you require clarification or any assistance, please contact Student Finance Support Officer: 02085565009

Please note:

- Your application will not proceed until all parts of the form are complete, and all the necessary documentary evidence is received.
- Please make sure the form is signed and dated.
- The application will be assessed within 30 working days from applying (subject to all documents submitted on time enabling assessment).
- Your application will be considered in the strictest confidence, and you will be notified of the outcome via an e-mail or text.

General Information:

- There is no guarantee the money in the fund will last for the whole academic year.
- MRC Mature Student Hardship Fund may not be able to financially support every application received and may be unable to meet all of the costs you are applying for.

Standard awards:

Standard awards can help to meet general course related costs and expenses associated with being a student to support continuation of studies such as travel, books and other course related matters.

The fund is not for:

- Meeting the tuition fee costs
- Maintaining student's lifestyle
- Those showing gambling/betting
- Those showing excessive spending

Non-Standard awards:

- Can help to meet exceptional one-off costs,
- Disabled Students can apply for assistance with costs not met by their DSA (Disabled Student's Allowance).
- Emergencies, e.g. travel costs for family illness, bereavement etc. can be considered.

Ver: 01 (Sep, 22)

Payment of awards:

The amount paid will be based on funds available and the number of qualifying applicants.

In order to qualify for release of payments the College must be in receipt of your first instalment of the Student Finance tuition fee.

Students in receipt of state benefits:

Any awards may have implications for the students' entitlement to Welfare Benefits. Students who receive help from the MRC fund can request the College a document of award confirmation to present to their local Jobcentre Plus/Housing Benefit office if required.

How to Appeal:

If you are dissatisfied with the outcome of your application, there are two stages of recourse available to you - review and appeal. For more information about this, please read the relevant sections of the Financial Support Policy, available on the College website.

MRC Mature Students Hardship Fund

- Read the Financial Support Policy available on the College website before completing this form
- Incomplete applications will not be considered
- Attach copies of all the relevant supporting documents / evidence (see checklist page)
- Answer all questions, by printing clearly and by ticking the appropriate boxes
- Please return your completed form to: hardshipfund@mrcollege.ac.uk

Mont Rose College of Management & Sciences, IG2 6NQ or call: 0208 5565009 for assistance.

| Part 1: Your personal details | |
|---|--|
| 1. Your Student ID No. | |
| 2. Your title (tick one box only) <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other | |
| 3. Your first names (in full) | |
| 4. Your surname (in full) | |
| 5 Your gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other | |
| 6 Your date of birth (DD/MM/YYYY) | |
| 7 How do you travel to the College? (i.e. car, bus, train, tube, walk, cycle) | |
| 8 Your correspondence address | |
| Post Code <input style="width: 100px;" type="text"/> | |
| 9 Telephone/ mobile number | |
| 10 Email address | |
| | |

11 Have you previously been looked after by any local authority and/or foster carer or are you or have you been a resident in a Foyer/sheltered accommodation? Yes No
If yes, please provide evidence:

12 Personal status/accommodation details (Put details of any children living with you in Part 3)
Do you live:

| | | |
|---|---|--|
| <input type="checkbox"/> Alone? | <input type="checkbox"/> With your partner or spouse? | <input type="checkbox"/> With your parents or guardian? |
| <input type="checkbox"/> In shared accommodation? | <input type="checkbox"/> Are you a lone parent? | <input type="checkbox"/> Are you separated and share child responsibilities? |

Part 2: Course details

13. Course title

14 Date of start of course (MM/YYYY)

15 Who pays your fees?

Student Finance

Self-funding

16 Current year of course (e.g. 1,2,3)

17 Is this a repeat year? Yes No

18 Is this your final year? Yes No

Part 3: Your dependants

19 Do you have any children under 18 years of age who are financially dependent on you?

Yes No If yes, please detail below:

| Full name | Does the child live with you? Yes/No | Date of birth | Age |
|-----------|--|---------------|-----|
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

20 Do you have any adults who are financially dependent on you in UK/ Abroad? Yes No

If yes, please detail below:

Full name/ relationship to you

Part 4: Medical conditions and fitness to work

21 Do you have a medical condition that prevents you from working? Yes No

22 Can you provide a Fit note from your doctor showing that you are unable to work? Yes No

23 Have you applied for Disabled Students' Allowance (DSA) or Personal Independence Payment (PIP)? Yes No

| Part 5: Student's income | | Monthly (£) | Part 6: Partner's income: Tell us about your partner's income | | Monthly (£) |
|---|--|-------------|--|-------------|-------------|
| Net Earnings from paid employment | | | Net Earnings | | |
| Maintenance Loan | | | Other | | |
| Maintenance or Special Support Grant | | | | | |
| Parents' Learning Allowance | | | Part 7: Student (and partner's) expenditure: Tell us about your living expenses | | |
| Adult Dependants' Grant | | | Composite living costs | Monthly (£) | |
| Childcare Grant | | | Food/ Household/ Laundry | | |
| Disabled Students' Allowances (DSAs) or Personal Independence Payment (PIP) | | | Gas/ Electricity | | |
| Child/ Working Tax Credit | | | Water | | |
| Child Benefit | | | Telephone | | |
| Income Support | | | TV Licence | | |
| Housing Benefit/ Local Housing Allowance/ Council Tax Benefit | | | Rent, hall fees or mortgage | | |
| Universal Credit | | | Contents insurance | | |
| Other state benefits | | | Building insurance (home owners only) | | |
| Scholarships/Trusts/Grants | | | Council Tax | | |
| Parental/Partner contribution Child | | | Childcare costs | | |
| Disability benefits (please specify) | | | Travel costs (home to institution) | | |
| Other income/ savings (please specify) | | | Travel costs (daily travel during term time) | | |
| | | | Private vehicle costs (road tax/ fuel/insurance/maintenance etc.) | | |
| | | | Disability costs not covered by DSAs/PIP (please specify) | | |
| | | | Priority debts monthly repayments | | |
| Your total income | | | Total expenditure | | |

24. Do you split your expenses? If yes, please tell us how.

*Priority debts include mortgage repayments/ loans secured on your home/rent/water, gas or electricity debt/ council tax arrears/court fines/TV licence/child support maintenance payments/hire purchase (essential items).

25. Please include the total debts and specify the name and the amount of each debt.

| Debts' Name | Amount | Debts' Name | Amount |
|-------------|--------|--------------|--------|
| | | | |
| | | | |
| | | Total | |

Part 8: Supporting statement

26 Please state why you are in financial difficulty and why you believe your situation to be exceptional, and merits additional support.

Part 9: Bank/building society details – please continue a separate sheet of paper if required

| | | |
|------------------------------------|----------------|-----------|
| Name of main bank/building society | Account number | Sort code |
| Name of main bank/building society | Account number | Sort code |

You must supply copies of your full last three months statements relating to all bank accounts you currently have. These statements must show your name and bank details – mini statements are not acceptable. Please explain any debits or credits over £100 that appear on your statements.

Applications submitted without relevant bank statements will not be considered.

Part 10: Bank Details

If you qualify for an award the money will be paid by BACS transfer into your nominated bank account. Please complete the details below:

| | |
|----------------------------------|--|
| Name of bank or building Society | |
| Account holder's name | |
| Sort Code | |
| Account number | |

Confidentiality

Applications are seen only by the Fund Administrators. It may be necessary for additional supporting information to be sought from other college staff in order for the Fund Administrators to reach a decision.

Data Protection Act 1998 & GDPR 2018

The Mont Rose College of Management and Sciences is a data controller in terms of the 1998 legislation & GDPR 2018 and follows policy in matters of data protection. The data requested in this form is covered by the notification provided by the College under the Data Protection Act. Personal data will be used solely for statistical purposes and electronic records keeping.

The data will not be passed to any other third party without your consent, except when the College is required to do so by law. Any formal enquiries concerning the use of data noted here should be addressed to the Student Finance department at the College.

Part 11: Declarations

I certify that to the best of my knowledge, I meet the following conditions - please tick the relevant boxes:

Section A

| | |
|--------------------------|--|
| <input type="checkbox"/> | I am a UK national/British citizen; or |
| <input type="checkbox"/> | I am settled* within the United Kingdom (UK) (i.e. I have the Right of Abode in the UK or have been awarded Indefinite Leave to Remain (please provide the reference number from your UKBA award notice and submit a photocopy of that award notice), or |
| <input type="checkbox"/> | I have a pre-settled status, or |
| <input type="checkbox"/> | I have been recognised by the UK Government as a Refugee (please provide the reference number from your UKBA award notice giving the expiry date of your status and submit a photocopy of that award notice), or |
| <input type="checkbox"/> | I have been granted Humanitarian Protection (HP) by the Home Office (please provide the reference number from your UKBA award notice giving the expiry date of your status and submit a photocopy of that award notice), or |
| <input type="checkbox"/> | I am an EEA or Swiss Migrant Worker or the family member of an EEA or Swiss Migrant Worker |
| <input type="checkbox"/> | I am an EU national who has been ordinarily resident in the UK for the five years prior to the first day of the first academic year of my course, or |
| <input type="checkbox"/> | I am the child of a Swiss national, or |
| <input type="checkbox"/> | I am the child of a Turkish worker. |

*settled' - on the first day of the first academic year of your course.

Section B

(Please tick) **I have read and understood the Guidance notes which outline the terms and conditions of the fund**

I declare that the information I have given on this form is correct 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 the college. I further undertake to repay any grants obtained by me as a result.

I understand and confirm that any award made to me from the fund may not be used to repay any outstanding debt to the college.

| | | |
|----------------------|----------------|------|
| Your name (CAPITALS) | Your signature | Date |
|----------------------|----------------|------|

Student checklist

Please provide photocopies of supporting documentation. If you do not provide all the required documentation, your application will be returned to you.

Evidence checklist to send with your application

| | |
|--------------------------|--|
| <input type="checkbox"/> | Copy of SFE Letter |
| <input type="checkbox"/> | 3 Months Bank Statements for all accounts held (ISA, savings, student & current accounts etc.). Annotate all bank statements with payments or receipts over £100 to explain the reason for the debit/credit- all students must do this |
| <input type="checkbox"/> | Copies of any award(s) from Scholarships or Bursaries received (if applicable) |
| <input type="checkbox"/> | Evidence of income from employment (wage slips/highlight on bank statement) |
| <input type="checkbox"/> | Rent/Mortgage payments (you can highlight on your bank statement). |
| <input type="checkbox"/> | Evidence of travel costs (copies of bus, train tickets etc.) |
| <input type="checkbox"/> | Evidence to show car running costs (priority students only) car tax, MOT, insurance, repairs |
| <input type="checkbox"/> | Child / Working Tax Credits Letter (please provide all pages of this letter) |
| <input type="checkbox"/> | Evidence of all Welfare Benefits that you are in receipt of (Housing Benefit, Income Support, Disability Living Allowance, Incapacity Benefit, Employment Support Allowance etc) |
| <input type="checkbox"/> | Copies of Child Care Receipts / Costs. Evidence must have approved registration number e.g OFSTED |
| <input type="checkbox"/> | Disabled Support Allowance Funding Confirmation Letter (if in receipt of this grant) |
| <input type="checkbox"/> | Copies of any Arrears, Loans, Hire Purchase, Debt, Payment Plan letters / agreements (you can highlight these on your bank statement). |
| <input type="checkbox"/> | 3 months copies of all Credit Card / Catalogue Statements (you can highlight these on your bank statement). |
| <input type="checkbox"/> | Copies of Child Birth Certificates of dependent children |
| <input type="checkbox"/> | Other evidence as appropriate |

For office use only:

Application checked by Student Finance Administrator

Name of Advisor:

Michael Semuguruka

Signature:

Date: