

Only complete this form if you:

- have a partner and/or
- have dependants

(There is a different application form for those who are single with no dependants).

# SUMMER



Surname

First Name

Student ID

**For office use only:**

Date received

Application

Reference No.

Applications may be handed into the Student Support Centre or posted to  
Student Funding Team, Student Support Centre, University of Lincoln, Minerva Building, Brayford Pool, Lincoln LN6 7TS.  
Queries to [studentfundingteam@lincoln.ac.uk](mailto:studentfundingteam@lincoln.ac.uk)

## SECTION 1: Terms and Conditions ALL applicants must read

### Are you eligible to apply to this fund?

- You must be a 'Home' student, which is determined by the funding provider (e.g. Student Finance England) and not the student status that the University of Lincoln allocates to you.
- You must have applied for, and taken out, ALL statutory funding/benefits you are entitled to.
- EU students and International Students cannot apply.
- If you are studying on a part-time basis your course intensity must be at least 25% of a full-time equivalent (50% pre 2012 starters). You should also have made adequate provisions before starting the course for your basic living costs and course fees.

### Who administers the University of Lincoln Financial Assistance Fund?

- Staff in the Student Funding Team will assess your application following the criteria set down by the National Association of Student Money Advisors (NASMA) in consultation with the National Union of Students (NUS).
- There is no guarantee of an award for any applicant, so please do not rely on this Fund as a guaranteed form of income.

### When can you make an application?

- Term time applications open on 1st November 2016 and close on the last official day of your course or 31st July 2017 (whichever is earlier).
- You may ask for a revisit or appeal a decision.
- Summer applications open on the first Monday following the official last day of your course or 1st August 2017 (whichever is earlier). There is a separate application for summer.
- Summer applications close on Friday 8th September 2017.

### Our procedures:

- Applications are assessed in order of receipt.
- It may take up to 4 working weeks for your application to be processed.
- Please do not chase your application unless the 4 weeks have passed.
- Where applications are incomplete or extra evidence is required you will be contacted to supply that evidence. Your application will not be assessed until we have a complete application.
- Extra evidence is processed in order of date of receipt which may result in your application taking longer than the original 4 week turnaround time.

### Next steps:

- You must complete all sections which apply to you.
- Please write clearly.
- All evidence must be photocopied – if you supply originals they will not be returned to you.
- Please note that the University of Lincoln Financial Assistance Fund is limited and allocated on a first-come-first-served basis. This could mean that we close the Fund early if all the money has been allocated.

### Confidentiality & Data Protection:

- Applications are seen only by relevant staff and will be treated as strictly confidential. The University of Lincoln is a data controller under the terms of the 1998 Data Protection Act. The Advice Service follows University policy in matters of data protection. The data requested in this form is covered by the notification provided by the University under the Data Protection Act. Personal data will be used solely in the Department for statistical purposes and electronic record keeping.
- The data will not be passed to any third party without your consent except when the University is required to do so by law. Any formal enquiries concerning the use of data noted here should be addressed to the Advice Service.

## SECTION 2: Personal Details to be completed by ALL applicants

Your title (tick one box only)      Mr       Mrs       Miss       Ms

First name(s)       Surname

Gender      Male       Female       Date of Birth  /  /

Tick here if you are a care leaver /   
have no contact with your parents

Tick here if you have caring responsibilities   
for an adult family member

Contact Telephone Number

Contact Email Address

In most instances we will contact you by **email** (via your University **and** personal email address, if provided).  
However, award decision letters may be sent by post. Please provide your preferred postal address:

Postcode:

## SECTION 3: Your Course Details to be completed by ALL applicants

Course title

Mode of study:    Full-time     Part-time       Which year are you in:    1     2     3     Placement\*     4     Other

Is this your Final Year?    Yes     No       \*Are you doing a?    Paid Placement Year     Unpaid Placement Year

Tick box if you are repeating the year:     Tick box if you have interrupted and are not currently attending:

Reason for interruption (e.g. illness)

## SECTION 4: Your Dependants complete if applicable

Please provide details of any of **your or your partner's** children aged under 18-years-old, **who live with you** and are **wholly/mainly** financially dependent on you during the academic year 2016/17.

Full name (s)	Date of Birth	Age(s)

Please provide details of any adults who live with you and who will be wholly/mainly financially dependent on you (they do not have an income) during the academic year 2016/17.

Full name (s)	Date of Birth	Age(s)

## SECTION 4: Your Dependants complete if applicable

### Child Support – complete if applicable

Please give details if you, or your partner, make **access visits** to any children who **do not** live with you (e.g. where do you travel to, how often and the costs incurred:

You must provide evidence of the access arrangements, their relationship to you and costs incurred.

Please give details if you, or your partner, make **maintenance payments** for any children who **do not** live with you:

You must provide evidence of these payments, the arrangement and their relationship to you.

## SECTION 5: Childcare Costs complete if applicable

**CHILDCARE:** in order to have your childcare costs included you **MUST** complete this section and provide detailed evidence showing your childcare costs. Please be aware that your childcare provider may be contacted to verify this information.

Child 1 Name	<input type="text"/>	Weekly Cost (in child's term time)
Name and address of childcare provider:	<input type="text"/>	£ <input type="text"/>
Telephone	<input type="text"/>	Weekly Cost (during vacation)
OFSTED Reg No	<input type="text"/>	£ <input type="text"/>
Tick box if you are in receipt of the Free Early Years Entitlement from your Local Authority <input type="checkbox"/>		
Child 2 Name	<input type="text"/>	Weekly Cost (in child's term time)
Name and address of childcare provider:	<input type="text"/>	£ <input type="text"/>
Telephone	<input type="text"/>	Weekly Cost (during vacation)
OFSTED Reg No	<input type="text"/>	£ <input type="text"/>
Tick box if you are in receipt of the Free Early Years Entitlement from your Local Authority <input type="checkbox"/>		
Child 3 Name	<input type="text"/>	Weekly Cost (in child's term time)
Name and address of childcare provider:	<input type="text"/>	£ <input type="text"/>
Telephone	<input type="text"/>	Weekly Cost (during vacation)
OFSTED Reg No	<input type="text"/>	£ <input type="text"/>
Tick box if you are in receipt of the Free Early Years Entitlement from your Local Authority <input type="checkbox"/>		

*(Continue on separate sheet if necessary)*

## SECTION 6: Your Bank Account(s) to be completed by ALL applicants

You must supply up-to-date evidence for ALL accounts held by you **and** your partner (if applicable) - this includes those accounts which have been recently closed. Please list all bank/building society accounts including current account, student account, savings account, ISAs, etc:

Name of Bank/Building Society	Type of Account held e.g. student, savings, etc	Overdraft? Yes/No	How much £

If you are successful and an award is made, it will be paid by bank transfer. Please provide the details of the account you wish an award to be paid into:

Bank Account Number

Sort Code

## SECTION 7: Your Bank Statements ALL applicants

- You must declare ALL of your (and your partner's) bank accounts in Section 6.
- You must provide 3 months (e.g. 15th November 2016 to 14th February 2017) detailed bank printouts (or statements) for ALL accounts held by you and your partner (if applicable) – they must show the bank name, account details, details of each transaction and a running balance.
- They must be up-to-date i.e. within 1 week of your form submission date.
- They must be consecutive (no missing transactions from one page to the next).
- You must provide bank printouts for accounts even if there has been little or no activity, or it has recently closed.
- You must explain the following transactions by writing on your bank printouts next to each transaction:
  - Payments INTO your account (who it was from, what the money was for)
  - Payments made to another account/person (who it is, what it was for)
  - Payments OUT (including purchases) of your account which are £100 or more (what it was for)

## SECTION 8: Non-priority Debts ALL applicants

We cannot consider non-priority debts (e.g. credit cards, catalogues, payday loans, etc) as part of the assessment for these funds. However, if you have sought advice, either from the Specialist Advisers in the Advice Service or an equivalent debt advice provider we may be able to consider associated costs as per their recommendations.

Please provide evidence of your arrangement.

To access the University Advice Service:



## SECTION 9: Money you (and your partner) have coming in to be completed by ALL applicants

Tick any student funding & other income you (and your partner) receive and supply appropriate evidence:

✓ <b>Student Funding - Income type:</b>	<b>Photocopied evidence required:</b>
<input type="checkbox"/> Maintenance Loan	Student Finance paperwork
<input type="checkbox"/> Maintenance Grant	Student Finance paperwork
<input type="checkbox"/> Special Support Grant	Student Finance paperwork
<input type="checkbox"/> NHS Bursary	NHS BOSS printout/letter
<input type="checkbox"/> Social Work Bursary	NHS Social Work Bursary letter
<input type="checkbox"/> University of Lincoln Bursary/Scholarship	N/A - We will have this already
<input type="checkbox"/> Other Grant/Bursary	Evidence from awarding body
<input type="checkbox"/> Blackburn Bursary	N/A - We will have this already
<input type="checkbox"/> Foyer/Support Housing Bursary	N/A - We will have this already

## SECTION 9: Money you (and your partner) have coming in to be completed by ALL applicants

Tick any student funding & other income you (and your partner) receive and supply appropriate evidence:

✓ <b>Other - Income type:</b>	<b>Photocopied evidence required:</b>
<input type="checkbox"/> Earnings - part-time applicants only	Wage slips - latest 3 months
<input type="checkbox"/> Earnings - partner	Wage slips - latest 3 months
<input type="checkbox"/> Parental Contributions	Highlighted on bank printouts
<b>Benefits:</b>	
<input type="checkbox"/> Income Support	Letter - current weekly amount
<input type="checkbox"/> Incapacity Benefit	Letter - current weekly amount
<input type="checkbox"/> Employment Support Allowance (ESA)	Letter - current weekly amount
<input type="checkbox"/> Jobseeker's Allowance (JSA)	Letter - current weekly amount
<input type="checkbox"/> Housing Benefit	Letter - current weekly amount
<input type="checkbox"/> Local Council Tax Support (CT Benefit)	2016/17 letter showing amount
<input type="checkbox"/> Child Tax Credits	Latest FULL TCAN
<input type="checkbox"/> Working Tax Credits	Latest FULL TCAN
<input type="checkbox"/> Universal Credit	Latest entitlement letter
<input type="checkbox"/> Pension Credit	DWP letter stating weekly amount
<input type="checkbox"/> Statutory Sick Pay	Wage slips - latest 3 months
<input type="checkbox"/> Stat Maternity Pay or Maternity Allowance	Wage slips - latest 3 months
<input type="checkbox"/> Carer's Allowance	DWP letter stating weekly amount
<input type="checkbox"/> Child Support	CSA document or bank statements
<input type="checkbox"/> Bereavement Benefits	DWP letter stating weekly amount
<b>Other (please state and supply evidence)</b>	
<input type="checkbox"/> Savings (incl Premium Bonds)	Up-to-date statements
<input type="checkbox"/> Pension	Pension letter
<input type="checkbox"/> Any other income (e.g. rent from lodgers)	Evidence, as appropriate

If your partner is a student at the University of Lincoln:

Partner's Name:

Partner's Student ID:

You must supply evidence of their student funding and any other income they received as well as detailed bank printouts for ALL accounts held

If your partner works, how does he/she travel to work?

Car  Bus  Train  Cycle/Walk  Other (e.g. car share)

Please provide the postcode of their place of work:

How many days per week & weeks per year do they work?

Days

Weeks

### Not eligible for all/part of the funding package due to previous study?

Has your 2016/17 student funding been affected due to either previous study or you already have an equivalent level qualification? Yes  No

If you **don't qualify** for a student funding package, where else have you applied for other funding support?

### Repeating the year due to exceptional circumstances/compelling personal reasons?

Have you applied to your funding authority to have the year disregarded for funding purposes due to your Compelling Personal Reasons? Yes  No

If not, would you like some help/information about this? Yes  No

### Overpayments?

Have you had an overpayment from your student funding provider or the benefits agency?

If so, please explain the details below and ensure you provide evidence.

## SECTION 10: Money you (and your partner) have going out to be completed by ALL applicants

Tick any expenditure you pay out and supply appropriate evidence:

<input checked="" type="checkbox"/> Expenditure type:	Photocopied evidence required:
<input type="checkbox"/> Rent - tenancy agreement	Tenancy agreement - showing dates and weekly sums payable
<input type="checkbox"/> Rent - parental home	Letter from parent(s) detailing arrangement and payments highlighted on bank prints
<input type="checkbox"/> Mortgage	Latest mortgage statement
<input type="checkbox"/> Council Tax	2016/17 Council Tax bill
<input type="checkbox"/> Travel - term time address to University	Timetable plus travel tickets/fuel receipts
<input type="checkbox"/> Travel - placement	Details of placement - dates, postcode, travel costs evidence
<input type="checkbox"/> Car costs (if required due to health and/or dependants)	Evidence of car ownership
<input type="checkbox"/> Health costs	Copy of prescription, receipt
<input type="checkbox"/> Books/equipment - more than £300	List signed by tutor

## SECTION 11: Disability/Additional Needs complete if applicable



The Student Wellbeing Centre supports students with physical and sensory impairments, specific learning differences, autistic spectrum disorders, mental health issues, and long-term health conditions. You can contact them on 01522 886400 or by email to [studentwellbeing@lincoln.ac.uk](mailto:studentwellbeing@lincoln.ac.uk)

Do you have a disability which is registered with Student Wellbeing? Yes  No

Please explain the nature of your disability/condition:

Have you applied for Disabled Student's Allowance (DSA)? Yes  No

Do you wish to apply for financial assistance to help pay for support not covered by the DSA? Yes  No

If yes, please give details of why you need additional support and provide evidence:

## SECTION 12: Supporting Statement to be completed by ALL applicants

Please state why you are in financial difficulty and in need of additional support (continue on a separate sheet, if required):

## SECTION 13: Application Declaration to be completed by ALL applicants

We will check certain information you declare with third parties e.g. if you declare a disability, we will confirm it with Student Well-being. If you do not agree with these checks being made, please tick here

I certify that to the best of my knowledge:

- I have read and fully understood the Terms and Conditions in Section 1 of this form.
- I am a 'Home' status student (as defined by Student Finance England or appropriate funding authority).
- I declare that the information I have given on this form is correct and complete.

I understand that giving false information will automatically disqualify my application and may also lead to disciplinary procedures resulting in possible expulsion from the University. I further undertake to repay any award obtained by me as a result.

Your Name (in capitals)

Your signature

Date







UNIVERSITY OF  
LINCOLN

**Summer Financial Assistance Fund – Summer 2017**

These funds are intended to assist continuing University of Lincoln students who cannot work (i.e. paid work) over the Summer Vacation Period.

- The Fund opens at the end of your academic year (Monday 29<sup>th</sup> May 2017 for most students – Social Work & Nursing will be later).
- Applications can be made up to the **closing date of Friday 1<sup>st</sup> September 2017**.
- For students who are applying to the Fund for the **first time** in academic year 2016/17:
  - you will be required to provide photocopies of all applicable and mandatory evidence as identified within the application form. Students must also prove they are in financial hardship.
- For students who have **previously applied** in academic year 2016/17:
  - you will be required to provide bank statements for all of your accounts for the previous 6 weeks (explain all debits and credits which are £100 or more) as well as appropriate supporting evidence of your situation over the summer vacation period. Students must also prove they are in financial hardship.

Contd...../



Contd...../

Any award from this Fund is a one-off payment. A guide to categories of eligible students are as follows:

- **Lone parent students who cannot work due to caring commitments for dependent children.**

Documentary evidence supporting a claim for caring commitments must be submitted. **Evidence must substantiate the fact the student has responsibility for the care of a child throughout the summer vacation period.**

- **Students certified unfit for work through either ill health or disability.**

Documentary evidence supporting a claim for ill health/disability must be submitted. **Evidence must substantiate the fact that the student will not be able to work for a considerable period.**

- **Students unable to work due to two or more re-sit examinations.**
- **Students unable to work for any other reason (e.g. caring responsibilities, geographical location, etc).**

Supporting evidence must be supplied.

- **Exceptional one off payments** can also be considered in exceptional circumstances. Also, if you have been looking for part-time work for a prolonged number of weeks but have been unsuccessful and are suffering financial hardship, you may apply but are required to supply detailed evidence of all your efforts.