

Office use only

Completed Application Received on: _____

Student Assistance Fund 2010-11 Application Form

Checklist

**Documents to support your claim must be attached before application form is submitted
(boxes should be ticked)**

If you qualify as a mature student, all financial details relate to your own personal circumstances, as opposed to that of a parent or guardian.

The following social welfare payments, on an individual or family basis, will assist in identifying eligible applicants: Unemployment Assistance, Unemployment Benefit, Farm Assist, One Parent Family Payment, Carer's Allowance, Disability Allowance, Blind Persons Pension, Invalidity Pension, Unemployability Supplement, Family Income Support or a Medical Card holder (low income), etc.

- | | |
|--|---|
| Receipt from CIT for Registration Fees | <input type="checkbox"/> <input type="checkbox"/> |
| VEC (Grant) Confirmation Letter of Receipt | <input type="checkbox"/> <input type="checkbox"/> |
| A copy of all your bank statements, credit union loans etc | <input type="checkbox"/> <input type="checkbox"/> |
| Evidence of Summer Work if any | <input type="checkbox"/> <input type="checkbox"/> |
| Form P60 from your parents' employer / P21 | <input type="checkbox"/> <input type="checkbox"/> |
| Social Welfare Payment to you or your parents/guardians | <input type="checkbox"/> <input type="checkbox"/> |
| Birth Certificates of dependent children | <input type="checkbox"/> <input type="checkbox"/> |
| Receipts i.e. Rent, Childcare, travel, class materials etc | <input type="checkbox"/> |

I certify that the information provided on this form is true, complete and accurate in every particular and that assistance from other sources has not been received for the stated purpose/service, which is the subject of this application.

Students who are found to abuse the scheme by giving false information or omitting to advise of changes of circumstances will be disqualified from all further support from the Fund and may be liable to repay their allocation.

Signature of applicant: _____

Date: _____

Cork Institute of Technology

Student Assistance Fund - Application Form 2010-11

Section A: Applicant Details

Name:	Date of Birth:
Term Address (used for college year)	Home Address
Phone No.	Mobile Phone No.
Email Address (only if used regularly)	

How did you hear about the Student Assistance Fund? _____

Section B: Course & Fee Information

Full Title of Course:	Stage of Course:
Department:	Head of Department:
PPS Number:	
Student ID No:	

Section C:

Status prior to Entry	Educational Qualification Prior to Entry
<input type="checkbox"/> Long term unemployed (more than 12 months)	<input type="checkbox"/> No Qualification
<input type="checkbox"/> Unemployed (less than 12 months)	<input type="checkbox"/> Group Certificate
<input type="checkbox"/> Employed (prior to commencing course)	<input type="checkbox"/> Intermediate / Junior Certificate
<input type="checkbox"/> Full-time education	<input type="checkbox"/> Leaving Certificate
	<input type="checkbox"/> Third Level Qualification

Section D: Grant Information

Are you in receipt of a Maintenance Grant ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, what is the amount per week/month? _____		
Have your tuition / registration fees been paid by your grant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you are not in receipt of a grant please state the reason why? _____		
Did you receive one last year? _____ If Yes, what was the amount? _____		

Section E: Income – Where possible please provide evidence of income with application

1) Are you in receipt of Social Welfare Payments? (please tick where appropriate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Back to Education Allowance <input type="checkbox"/>	If Yes, Please state the amount per week: _____	
Disability Allowance <input type="checkbox"/>		
Lone Parent Allowance <input type="checkbox"/>		
Third Level Allowance <input type="checkbox"/>		
2) Do you receive Rent Allowance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, Please state the amount per week: _____		

3) Are you in receipt of any funds from statutory / voluntary bodies (St. Vincent de Paul, Southern Health Board, Scholarships etc.)? Yes No

If Yes, Please state the amount per week: _____

4) Have you any other source of income? (Parents, Part-time job, etc) Yes No

If Yes, please state the amount per week: _____

If the source of work is a part-time job, please state where you work: _____

How many hours per week do you work? _____

Section F: Expenditure

Statement of Income and Expenditure

INCOME	Amount	EXPENDITURE	Amount
Grant		Essential Living Costs	
Money Received from Parents		Accommodation	
Income from part-time job		Rent	
Savings		Electricity	
Other source of income		Heating	
Back to Education Allowance		Telephone	
Money received from partner / family members		Food	
		Other living expenses	
		Class Materials	
		Books (total divided by 36)	
		Local Bus	
		Travel	
		Loan repayments	
		Entertainment	
		Child Expenses	
Total Income		Total Expenditure	
Less Total Expenditure			
Surplus/Deficit Income			

Your Children's details (Dependents of the student) – Please provide copies of birth certs with application

Name	Date of Birth	Hours /days per week in childcare

Are your children in childcare with a HSE Registered Childminder? Please provide evidence Yes No

Section G: Information in Support of Application

Name of Parents /Guardian/Spouse (if dependent) _____

Occupations of Parents/Guardians/Spouse _____

Annual Income of Parents/Guardian/Spouse _____

No. of other dependent children in family: _____

Have you applied for a loan from a credit union or bank? _____

If yes, give details and supporting documentation on the terms and amount of the loans.

If no, why haven't you applied for a loan? _____

Section H: Details of Assistance Required

For what purpose(s) do you require assistance from this fund?

If you have previously received assistance from this Fund, please indicate dates and amounts:

Is there any other information which you believe should be taken into account in considering this application?

Please return completed forms to:

Deirdre Falvey, Student Services / Accommodation Office, 1st Floor, The Student Centre, Cork Institute of Technology, Bishopstown, Cork. An appointment to meet Deirdre Creedon, Access Officer, and one other member of the SAF Committee will be made for applicants.

For further information please contact

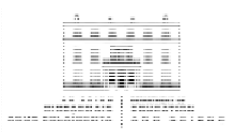
Student Services / Accommodation Office Tel: 021-4326453 Access Office Tel: 021-4335140

This statement is for the sole use of supporting the students' application. Cork Institute of Technology is a registered Data Controller and will comply with its obligations under the Data Protection Acts of 1998 and 2003 with regard to the dissemination of personal information to any third party.

The Student Assistance Fund is funded by the Irish Government and part funded by the European Social Fund under the Human Capital Investment Operational Programme 2007-2013



EUROPEAN SOCIAL FUND



HEA
Higher Education Authority
An tÚdarás um Ard-Oideachas

SAF Applicant Profile Data Template (2010-11) (all students must fill this in)

1 Applicant Student ID: _____ Applicant PPSN: _____

2 Applicant Tuition Fees Arrangement in 2010-11

Free Fees Scheme EU fees Non-EU fees

3 Has applicant been allocated SAF in a previous academic year? Yes No

4 If Yes, please tick the previous academic year(s) in which an allocation was made

2005-2006 2006-2007 2007-2008 2008-2009

5 Enter date of application to SAF (2010-11 session): ____/____/____

6 Is the applicant repeating the year in 2010-11? Yes No

7 Is the applicant approved for a maintenance grant? Yes No

8 If Yes, indicate type of grant approved: Adjacent Non-adjacent

9 Is the applicant approved for the special rate of maintenance grant? Yes No

10 Indicate the **month** in which the first grant payment was received in the 2010-11 session _____

11 Is the applicant in receipt of any bursaries, scholarships or grants other than the maintenance grant in the 2010-11 session?

12 If Yes, please indicate [**tick as required**]

Millennium Partnership Fund	<input type="checkbox"/>	Donagh O' Malley Scholarship	<input type="checkbox"/>
All-Ireland (McManus) Scholarship	<input type="checkbox"/>	DES Gaelteacht Scholarship	<input type="checkbox"/>
Other DES Scholarship	<input type="checkbox"/>	Bank of Ireland Millennium Scholars Trust Scholarship	<input type="checkbox"/>
Other Bank Scholarship	<input type="checkbox"/>	Credit Union Scholarship	<input type="checkbox"/>
Trade Union Scholarship/Grant	<input type="checkbox"/>	Sports Scholarship	<input type="checkbox"/>
Society of St. Vincent de Paul Grant	<input type="checkbox"/>	Other Scholarship/Grant	<input type="checkbox"/>

(Information in s.13 based on applicants' responses. Independent verification by HEI not required.)

13 Is the applicant engaged in part-time work in 2010-11 session? Yes up until exams Yes for some of the year No

14 Has the applicant been admitted to institution under a direct admissions scheme to address socio-economic disadvantage (i.e. HEAR or equivalent)? Yes No Not applicable in this HEI

15 Is the applicant a participant on any support programme operated by the institution?

16 If Yes, please indicate

HEAR support programme	<input type="checkbox"/>	Access Office general	<input type="checkbox"/>
Mature Student support programme	<input type="checkbox"/>	Disability service	<input type="checkbox"/>
Combination of above	<input type="checkbox"/>		

17 Does the student have **dependent children**? Yes No

18 If Yes, please indicate the number

1-3 4-7 8+

19 Indicate the number of dependent children in full-time further or higher education

0 1-2 3-4 5+

20 Is the applicant **in receipt of social welfare** support in the 2010-11 session?

21 If Yes, please indicate the type of support:

Back to Education Allowance	<input type="checkbox"/>	Other Social Welfare payment	<input type="checkbox"/>
-----------------------------	--------------------------	------------------------------	--------------------------

22 Is the applicant of **independent means** (i.e. no support from parent(s)/guardian(s)) Yes No

23 If No, is one or both of the **applicant's parents or guardians in receipt of a social welfare payment**? Yes No

24 Indicate living arrangements in the 2010-11 session

Living in parent(s)/guardian(s) home	<input type="checkbox"/>	Living in own home	<input type="checkbox"/>
Rented accommodation – student residence	<input type="checkbox"/>	Rented accommodation – other	<input type="checkbox"/>

25 How did the applicant first become aware of the Student Assistance Fund? [tick one]

Access orientation (if applicable)	<input type="checkbox"/>	General orientation programme	<input type="checkbox"/>
Student handbook	<input type="checkbox"/>	Students Union	<input type="checkbox"/>
College website	<input type="checkbox"/>	www.studentfinance.ie	<input type="checkbox"/>
Access Office	<input type="checkbox"/>	Student Services personnel	<input type="checkbox"/>
Lecturer/tutor	<input type="checkbox"/>	Other	<input type="checkbox"/>

(Students do not need to answer these questions)

26 **Decision on SAF applicant** Approved Not approved

27 **If approved for SAF, date of first payment** ____/____/____