

INTERNATIONAL EMERGENCY FUND

FINANCIAL ASSISTANCE - APPLICATION

ABOUT YOU

Surname _____ First name(s) _____

Date of Birth _____ ID Number _____

Term-time address _____

Postcode _____ Tel: _____

University email: _____

ABOUT YOUR STUDIES

Who pays your tuition fees? Please tick:

Self/Family

Sponsor

Other*

*Please give details: _____

Mode of study. Please tick:

Full-time Part-time

Course name and level (e.g. MSc Eng)

Year of study (first/second/etc)

Are you studying Distance/Online

Yes No

YOUR FINANCIAL CIRCUMSTANCES

Do you have access to a student loan or stipend to assist with living costs?

Yes No

If yes, amount £ _____

If no, please explain why _____

Have you previously applied for financial assistance this academic year from this fund?

Yes No

If yes, how many times and what was the total amount?

Do you have any dependants?

Yes No

Are you a carer? (e.g. for a parent)

Yes No

MONTHLY INCOME

Please enter details of your income. Give all sums as amount per month, rounding each to the nearest £. If you are an undergraduate student in receipt of a scholarship/bursary/grant, the annual figure should be divided by 9 for this purpose.

| | YOU | YOUR PARTNER/SPOUSE |
|--------------------------------|-----|---------------------|
| Scholarship/Bursary/Grant | | |
| Parental Contributions | | |
| Pay (including part-time work) | | |
| Student Loan/Stipend | | |
| Other e.g. benefits etc | | |
| TOTAL PER MONTH | | |

OUTSTANDING DEBT

| | OUTSTANDING AMOUNT | EVIDENCE PROVIDED |
|----------------------------|--------------------|-------------------|
| Credit cards/ store credit | | |
| Outstanding utility bills | | |
| Overdue rent | | |
| Overdraft | | |
| Other (please specify) | | |

BREAKDOWN OF ANTICIPATED HOUSEHOLD EXPENDITURE

Please enter your household expenditure per month, rounding each sum to the nearest £.

| | YOU | YOUR PARTNER/SPOUSE |
|--|-----|---------------------|
| Rent/Mortgage | | |
| Food/Toiletries/Laundry | | |
| Gas/Electric/Oil | | |
| Clothes | | |
| Travel (bus pass/ rail etc) | | |
| Books/Stationary | | |
| Telephone/Mobile/Internet | | |
| Entertainment/TV | | |
| Insurance | | |
| Other (e.g. Council tax) please specify | | |
| TOTAL PER MONTH | | |

DECLARATION

Make sure you have completed all appropriate sections of the application form and read and sign the declaration below, confirming:

1. I understand that the University does not guarantee that all eligible students will receive an award from the emergency fund. I also understand that receipt of an award this academic year does not guarantee that such an award will automatically be awarded to me again.
2. I understand this fund exists to provide financial support to students not eligible for government funded discretionary funding through a small, non-repayable, grant in emergency or unexpected situations of financial hardship
3. We cannot assist with payment of tuition fees or replace maintenance.
4. The information given on this form is complete and correct. I understand that, if I give information which is incorrect or incomplete, action may be taken to recover any award made to me and I may be barred from matriculation or graduation until the award is recovered.
5. I have completed the online bank details form as outlined in the guidelines for the emergency fund.

Signature _____

Print name _____ Date _____

Authorised by AUSA _____ Date _____

Authorised by Student Support _____ Date _____

YOU MUST HAVE READ AND SIGNED THE DECLARATION.

**APPLICATIONS WILL NOT BE ASSESSED IF THE
DECLARATION IS NOT SIGNED.**