

UHF Application Form 2020/21

**Please make sure you have read the full UHF guidance notes before applying and if you need further clarification or a copy of the full guidance notes please email** [**studentfunding@marjon.ac.uk**](mailto:studentfunding@marjon.ac.uk) **Please click into the empty grey boxes to type.**

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| **Section A: YOUR PERSONAL DETAILS** | |
| Student Number |  |
| Surname |  |
| Forename |  |
| Date of Birth |  |
| Term-time address |  |
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| Permanent/home address if different to above |  |
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| Contact telephone number |  |
| Personal email address |  |
| During term time do you live | Alone Alone with children With partner With partner & children In Marjon halls/village  In shared student/private rent accommodation  With parents or guardian |
| Are you any of the following  (Tick all that apply) | Care Leaver Estranged Student Primary Carer  Disabled Parent Mature Student 21+   Have refugee status |

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| ***Official Use Only*** | |
| Received: | Passed for assessment: |
| Course: | Year: |
| Missing evidence: | |
| Missing evidence received: | |
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| **Section B: COURSE DETAILS** | | |
| Course Title |  | |
| Course Type | Undergraduate | Postgraduate | |
| Are you studying | Full Time | Part Time | |
| Year of study (e.g. Year 1, Year 2) |  | |
| Is this a repeat year? | Yes | No | |
| Is this your final year? | Yes | No | |
| Is this a placement year? | Yes | No | |
| If yes to above please give details of block placements | Start date: | Return date: |
| Start date: | Return date: |
| If known please give the postcode of your placement & how many days you need to attend |  | |

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| **Section C: YOUR FAMILY/DEPENDANTS**  Please tell us about the family who you live with or those who live elsewhere that you financially support.  If you have shared care of a child/children please give further details regarding living arrangements in the Supporting Statement in Section K of the application. | | | |
| Do you live with a partner? | Yes | No | | |
| If yes is your partner financially dependent on you? | Yes | No | | |
| Do you have any children living with you who are financially dependent on you? | Yes | No  If “Yes” please can you list their details below: | | |
| NAME | | RELATIONSHIP TO YOU | AGE |
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| Do you have any children living elsewhere who are financially dependent on you? | Yes | No  If “Yes” please can you list their details below: | | |
| NAME | | RELATIONSHIP TO YOU | AGE |
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| **Section D: DISABILITY/MEDICAL CONDITION/LEARNING DIFFICULTY** | |
| Do you have a disability, chronic or long term illness or learning difficulty? | Yes | No |
| If “YES” what is the nature of your condition/s if you are willing to disclose |  |
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| Are you registered with the Student Support Disability & Inclusion Advice Service (DIAS)? | Yes | No |

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| **Section E: POSTGRADUATES ONLY (NOT PGCE/SCHOOL DIRECT)** You are expected to have made a realistic financial provision for tuition fees and living costs for the whole academic year, at the onset of the course. Please tell us all annual sources of your provision: | |
| Postgraduate Loan | £ |
| Earnings | £ |
| Grant | £ |
| Sponsorship | £ |
| Loans | £ |
| Parental/Partner Contribution | £ |
| Other Please tell us about this | £ |

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| **Section F: MONTHLY INCOME AND EXPENDITURE** Please provide your and (if co-habiting) your partners monthly income and expenditure details. Please divide your amount of **Student Funding** for the year by 10 to get your monthly income for the Academic Year.  If there is any further information you would like to add to your income & expenditure, please do so in the Supporting Statement in section J.  Please see the evidence checklist in section K for information regarding income & expenditure evidence required. | | | |
| **INCOME** | | **Assessors notes**  **(please do not enter any information here)** | |
| Maintenance Loan | £ |  | £ |
| Parents Learning Allowance | £ |  | £ |
| Adult Dependants Grant | £ |  | £ |
| NHS Bursary/Learning Support Grant | £ |  | £ |
| University bursary | £ |  | £ |
| Teacher Training Bursary | £ |  | £ |
| Postgraduate Loan | £ |  | £ |
| Universal Credit | £ |  | £ |
| Child Benefit | £ |  | £ |
| Child Tax Credits | £ |  | £ |
| Child Maintenance Payments | £ |  | £ |
| Working Tax Credits | £ |  | £ |
| ESA/JSA/PIP/DLA/Income support | £ |  | £ |
| Housing Benefit | £ |  | £ |
| Own Net Earnings | £ |  | £ |
| Partners Net Earnings | £ |  | £ |
| Parental/Family Contribution | £ |  | £ |
| Other Income – please specify below | |  | |
|  | £ |  | £ |
|  | £ |  | £ |
|  | £ |  | £ |
| **TOTAL INCOME:** | £ | **TOTAL ASSESSED INCOME** | £ |

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| **EXPENIDUTRE** | | **Assessors notes**  **(please do not enter any information here)** | |
| Rent/Mortgage | £ |  | £ |
| Council Tax | £ |  | £ |
| Electricity/Gas | £ |  | £ |
| Water | £ |  | £ |
| Landline/Internet/TV license | £ |  | £ |
| Food/Household/Laundry | £ |  | £ |
| Clothes | £ |  | £ |
| Social/Leisure | £ |  | £ |
| House/Building/Life Insurance | £ |  | £ |
| Car Costs: Road Tax/Car Insurance/MOT | £ |  | £ |
| Travel Costs (fuel) | £ |  | £ |
| Public Transport Costs | £ |  | £ |
| Childcare Costs | £ |  | £ |
| Child Maintenance Payments | £ |  | £ |
| Mobile Phones | £ |  | £ |
| Course Costs/Books | £ |  | £ |
| Debit/Credit Card Payments | £ |  | £ |
| Other expenditure including “one off” costs – please list below |  |  | |
|  | £ |  | £ |
|  | £ |  | £ |
|  | £ |  | £ |
|  | £ |  | £ |
| **TOTAL EXPENDITURE:** | £ | **TOTAL ASSESSED INCOME** | £ |

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| ***Assessment Use Only*** | | | | | |
| Total income | £ | | | Total expenditure | £ |
| Monthly Surplus | £ | | | Monthly Shortfall | £ |
| Standard award calculation | |  | | | |
| Non-standard award calculation | | |  | | |

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| **Section G: BANK ACCOUNT DETAILS** Please give us details of ALL accounts held by you and (if applicable) your partner **Evidence required:** photocopies/printed sheets of *three* months most recent consecutive itemised bank statements or building society books from each account held including savings accounts. | | | |
| **Bank/Building Society name** | **Account Number** | **Overdraft** | **Balance** |
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| **Section H: DEBTS - CREDIT/ STORE CARDS/ CATALOGUES/ DEBTS TO THE UNIVERSITY/ ANY OTHER DEBT Evidence required:** Please supply evidence of any debt owed, e.g. County Court Judgements,  most recent account statement letter and debt collection agency letter. | | |
| **Organisation Name** | **Total Owed** | **Monthly Payment** |
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| **Section I: DEBT MANAGEMENT** | |
| Do you have an agreed debt management plan? | Yes | No  If “YES”, please tell us what are your monthly repayments: £  **Evidence:** Please supply a copy of your agreement letter |

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| **Section J: SUPPORTING STATEMENT** This section is for you to describe your additional financial need, including unusual ‘one off’ costs that could not be foreseen, or if you have experienced exceptional circumstances that have affected your financial position.  If you need to add further details from other sections of the application form, please add the information to this section. |
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| **Section K: CHECKLIST OF EVIDENCE IETMS**  Please ensure you include **all the relevant evidence applicable to you.** Any missing evidence will result in a delay in your application being processed. If you reside with your partner then you must include financial evidence for them also.  Please tick the boxes to show that you have attached these documents to your application.  To help us with your assessment highlighting and annotating regular payments made via bank accounts on all bank statements is encouraged or further information given in the Supporting Statement.  As evidence will need to be submitted electronically please either attach documents to an email, take clear photographs and add as an attachment and/or send as a zip file. | |
| **ALL STUDENTS** please provide: | |
|  | 3 month’s recent itemised bank statements for ALL accounts including savings for you and your partner (if applicable).  You may be asked for further information regarding payments over £100. |
|  | Copy of Student Finance / Postgraduate Loan / NHS funding Awards letter & payment schedule |
|  | Evidence of accommodation costs – Tenancy agreement or Mortgage statement which must clearly show your name, address, the payment breakdown and details of any utilities included in the rent |
| **IF APPLICABLE** please provide evidence of the following | |
|  | Evidence of you and your partner’s income for past 3 months (wage slips / highlight on bank statements) |
|  | Other bursaries and Scholarships Award Notice |
|  | Copies of any arrears such as overdue notice letters, County Court Judgements, Magistrates Court Fines and debt management plan agreement letters |
|  | Your most recent credit card / catalogue / store card / loan account statements |
|  | Housing Benefit Award Notice – please ensure this is the most recent version |
|  | Universal Credit Award Notice - please ensure this is the most recent version |
|  | Child Tax Credit / Working Tax Credit Award Notice – please make sure this is the most recent version and that it outlines your current entitlement |
|  | Evidence of childcare costs (copies of child care receipts / invoices/ highlight payments on bank statements) |
|  | Child Maintenance payments – this should be for payments made or received |
|  | Evidence of being the primary carer for a relative/partner/friend e.g. evidence of receiving carers allowance prior to coming to university / evidence from professional |
|  | Evidence of Council Tax (students are not liable for Council Tax so evidence only applicable if living with partner who is not a student/Council tax exempt or if have previous Council Tax debt) |
|  | Evidence to show car running costs: car tax, MOT, insurance, repairs – can be highlighted on bank statements |
|  | Any other financial evidence related to your application |

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| **Section L: CONFIDENTIALITY & DATA PROTECTION** | |
| * Applications are seen only by those responsible for assessing applications. * It may be necessary for additional supporting information to be sought from other University staff in order to reach a decision e.g. attendance check with academic adviser/programme leader, confirmation with the finance department of outstanding university debts. * If further information is required from a third party this **will only be requested with the permission of the applicant.** * Plymouth Marjon University is a data controller in terms of the 1998 legislation. The Student Support Department follows Plymouth Marjon University policy on 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 here should be addressed to the Head of Registry Services. | |
|  | **Please tick to confirm you have read and understood the above.** |

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| **Section M: DECLARATION** Please read the following carefully before signing your application. We cannot accept applications that have not been signed and dated. | |
| I declare that the information that I have given on this form is correct and complete 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 University. I further undertake to repay any grants obtained by me as a result.  I understand that the Plymouth Marjon University Hardship Fund should not be relied upon as a guaranteed source of income and I cannot normally expect to receive repeat awards for the same issue in any future applications. | |
| **Your Signature** A typed signature can be accepted if your application is sent via your Marjon email account |  |
| **Date** |  |

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| **OFFICIAL USE ONLY** | | | | | | | | | |
| **Initial Decision details** | | | | | | | | | |
|  | | | | | | | | | |
| **Total Award** |  | | **Total instalments** | |  | | **Date of decision** | |  |
| **Re-Assessment Decision details** | | | | | | | | | |
|  | | | | | | | | | |
| **Total Reassessment Award** | |  | | **Total instalments** | |  | **Date of decision** |  | |
| **Total Award including any reassessment** | | | |  | | | | | |
| **End of year top up award** | | | | | | | | | |
|  | | | | | | | | | |
| **Total Top up Award** | |  | | **Total instalments** | |  | **Date of decision** |  | |
| **Total Award including any reassessment & top up** | | | |  | | | | | |

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| **Instalment Payment Plan** | | | |
| **Date due** | **Amount** | **Payment Type** | **Date paid** |
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