

**STUDENT ASSISTANCE FUND (SAF) APPLICATION FORM**

**Academic Year 2018-19**

The SAF is funded by the Irish Government and part funded by the European Social Fund under the Human Capital Investment Operational Programme.

*The Access Service may collaborate with the Office of Student and Academic Affairs when taking an application into consideration. Student attendance records may be sought from programme co-ordinators in order to confirm reasonable and satisfactory attendance at IADT. Personal data collected as part of the application process may be processed for the purposes of coordinating, monitoring and evaluating the operation of the Fund and to comply with European Union requirements, this personal data may include personally sensitive data where you choose to share that data.Your data may be shared with third parties for the purpose of monitoring and reporting on European Social Fund co-financed activities.*

**APPLICATION DEADLINE:** Completed application forms must reach the Access Office, Carriglea Building by **4pm Wednesday 7th November** at the very latest **(late application forms will not be accepted).** Please return forms as soon as possible.

**INFORMATION IS GIVEN IN STRICT CONFIDENCE. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

**Eligibility Criteria / Supporting Documentation:**

To be eligible for funding, the applicant **MUST** provide:

1. Two months bank statements.
2. Evidence relating to any claims made e.g. receipts for equipment/class materials, childcare receipts, rental lease, utility bills etc.

**And**

1. For grant recipients, a letter from SUSI / Local Authority confirming that you have been approved for a grant **and** the grant’s rate.

**Or**

1. Proof of a social welfare payment e.g. a medical card, social welfare statement

**Or**

1. Evidence of household income for 2017. This must be one of the following:
* P21 (PAYE workers)
* Self-Assessment Letter (self-employed)

**Please Ensure your application and supporting documents are enclosed in a sealed envelope.**

**Section 1: Student Details**

|  |  |
| --- | --- |
| Name: |  |
| IADT Email Address: |  |
| Mobile Number: |  |
| Student ID: |  |
| Gender: |  |
| Date of Birth: |  |
| Name of programme: |  |
| Level of programme: | Undergraduate □Postgraduate □ |
| Are you studying full-time or part-time? | Full-time □ Part-time □ |
| Are you a mature student? | Yes □No □ |
| Age | Below 25 years □25-54 years □Above 54 years □ |
| Please indicate your area of origin: | EU Member States □Other EEA Countries/Swiss Confederation □Non EU/EEA Countries □ |

**Section 2: Income & Expenditure**

**\*Please note, this section is mandatory and failure to complete fully will result in your form being deemed incomplete and ineligible for assessment**

|  |  |
| --- | --- |
| Have you been approved for a student maintenance grant? | Yes □ No □ |
| If Yes, indicate type of grant approved: | Adjacent □Non-adjacent □ |
| Have you been approved for the special rate of student maintenance grant? | Yes □No □ Amount: \_\_\_\_\_\_\_\_\_ |
| Are you in receipt of any bursaries, scholarships or grants (other than 2018/19 maintenance grant session)? | Yes □ Details: No □ |
| Do you have a medical card? | Yes □  No □ |
| Are you engaged in part-time work? | Yes □ Weekly income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No □ |
| Are you in receipt of social welfare support? | Yes □ Details: No □ |
| Are you of independent means (i.e. no support from parent(s) / guardian(s) / partner / spouse? | Yes □  No □ |
| If NO, what is your parent/guardian/partner/spouse income?  | Person 1 annual income:Person 2 annual income: |
| Is your parent/guardian/spouse/partner in receipt of a social welfare payment? | Yes □ Details:  No □  |
| How many dependent children are in your family home? |  |
| How many dependents in your family home are attending Higher Education? |  |

**Section 2b: Breakdown of Costs**

|  |  |
| --- | --- |
| **MONTHLY INCOME**  | **MONTHLY EXPENDITURE** |
| **POSITION** | **EURO** | **POSITION** | **EURO** |
| Higher Education Grant |  | Rent/mortgage  |  |
| Parental Support |  | Subsistence i.e. food  |  |
| Part-time Work |  | Bills e.g. ESB, Gas  |  |
| Social welfare payment |  | Transport  |  |
| Rent Supplement |  | Books/Materials |  |
| Summer work savings |  | Childcare  |  |
| Other: |  | Medical  |  |
|  |  | Other:  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** |  | **TOTAL** |  |

**Section 3: DETAILS OF YOUR PERSONAL CIRCUMSTANCES (add additional page(s) if required)**

**Section 4: Funding: Which categories of assistance are you applying for? (receipts must be provided)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Rent  |  | 2. Childcare  |  |
| 3. Books and College Supplies |  | 4. Heat/Food/Living Expenses  |  |
| 5. Medical  |  | 6. Travel |  |
| 7. Emergency |  |  |  |

|  |
| --- |
| **Bank Details**  |
| IBAN  |  |
| BIC |  |
| Account Number  |  |
| Sort Code |  |

* **I declare that “all the information provided is true, complete and accurate and that assistance from other sources has not been received for the stated purpose/service which is the subject of this application.**
* **I declare that “any funds awarded will be used for the purpose intended”.**
* **I declare that all the information that I have given is accurate, and gives a true picture of my present economic circumstances.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

-------------------------------------------------------------------------------------