

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

**Academic Year 2019-20**

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

**APPLICATION DETAILS:** Please return forms as soon as possible. All Completed application forms must reach the Access Officer, Carriglea Building by **4pm Monday 4th November** at the very latest. **(late application forms or incomplete applications will not be accepted).**.

**INFORMATION IS GIVEN IN STRICT CONFIDENCE.**

**Eligibility Criteria / Supporting Documentation:**

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

1. Two months bank statements with **your name and account number clearly visible**
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 2018. This must be one of the following:
* P21 (PAYE workers)
* Self-Assessment Letter (self-employed)

Tick if any of the following apply

|  |  |
| --- | --- |
| I am a one parent family |  |
| I am part-time student |  |
| I am a HEAR student |  |
| I am a refugee |  |
| I am a member of the travelling community |  |

 **One of the following as proof of lone parent status must be supplied:**

* Social Welfare statement indicating a Single Parent Family Payment
* Social Welfare statement indicating a Job Seekers Transitional Payment
* Social Welfare statement + evidence of having been receipt of a Job Seekers Transitional Payment within the past four years
* Social Welfare statement + receipt from a Disability Payment indicating the full rate for one adult and any dependent children
* P21 Statement indicating either SP or LP tax credits.

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

**Section 1: Student Details**

|  |  |
| --- | --- |
| Name: |  |
| Student Email Address: |  |
| Mobile Number: |  |
| Student ID: |  |
| \*Home Address: |  |
| \*Personal Email:  |  |
| 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 □ |

\*to be used for compulsory survey after leaving IADT

**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 2019/20 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  |  |
| Allowance from parent/guardian |  | Subsistence i.e. food/ groceries |  |
| Part-time Work |  | Bills e.g. ESB, Gas, mobile |  |
| Social welfare payment |  | Travel |  |
| Rent Supplement |  | Books/Materials |  |
|  |  | Childcare  |  |
| Other: |  | Medical  |  |
|  |  | Other:  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL per month** |  | **TOTAL per month** |  |

**Section 3: DETAILS OF YOUR PERSONAL CIRCUMSTANCES (and outline what expenses you will use the fund for:**

**use the fund for:)**

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

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Accommodation costs |  | 2. Childcare  |  |
| 3. Books and College Supplies (class resources) |  | 4. Heat/Food/Living Expenses  |  |
| 5. Medical  |  | 6. Travel |  |
| 7. Emergency |  |  |  |

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

*To comply with European Union requirements, personal data will be collected as part of the application process which may be used for the purposes of coordinating, monitoring and evaluating the operation of the Fund. This data may be shared with third parties for monitoring and reporting on European Social Fund co-financed activities.*

I consent to the above:

* **I will compete the necessary surveys for HEA reporting**
* **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**