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| **Ref** | **H** |  |
| **ACCESS TO LEARNING FUND GRANT APPLICATION 2023-24****Full-time Higher Education Students** |

***Please print clearly in BLACK or DARK BLUE ink***

**In addition to this application you will need to provide a written statement explaining how you feel you qualify for the grant you are applying for.**

#### Section 1 – About You (all students should complete every section on this page)

**Your details should match those given on your registration record. If they do not your application will be rejected.**

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|  |
|  Number from College ID Card |  |  |  |  |  |  |  |  | Title |  |  |
|  |
|  First name (s) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
|  Last name(s) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
|  Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  | Post code |  |  |  |  | - |  |  |  |
|  |
|  Home telephone number (inc dialling code) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
|  Mobile number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
|  Email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Please tick one of the following:

|  |  |
| --- | --- |
|  | I am a single person and live with one or both of my parents |
|  | I am a single person and live away from my parental home |
|  | I am a lone parent and I have |  | dependent children living with me |
|  | I am married or live with my partner, but have no dependent children |
|  | I am married/live with my partner, and we have dependent children aged 18 or under living with us |
|  | We have  |  | dependent child/children living with us |
|  |  |

#### Section 2 – Password

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|  | To protect your information and to ensure we are dealing with an authorised person, we are asking everyone to set up a password. If we receive an email or telephone call from someone who is unable to quote this password and your College ID number, **we will not discuss your application with them.** If you call into HE Student Finance, we will discuss your application providing you have your College ID with you or you can give your password. Please print clearly |  |
|  |  |  |
|  | Password |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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When completing this form, it will be assumed that you have read the Notes of Guidance which is available on line on: <https://www.bradfordcollege.ac.uk/help/knowledge-base/access-to-learning-fund-2/>

#### Section 3 – Which Grant Do You Want To Apply For

|  |  |
| --- | --- |
|  | End of Term Grant |
|  | Standard Grant |
|  | Hardship Grant |
|  | Tuition Fee Grant |

You must provide all requested documents as outlined in the Notes of Guidance for the grant you are applying for. Failure to provide all requested documents will result in your application not being assessed.

#### Section 4 – Bank Account Details

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|  | Bradford College Access to Learning Fund payments are paid direct into your bank account by BACs. The payment can be made into current accounts and savings accounts at most Banks or Building Societies. However, we cannot make payments into Post Office accounts, accounts that need a Roll number, or to Credit Unions.You must supply details of your own account. We are unable to make a payment to a third party. Please make sure you give the correct details. If you give the wrong details and a payment is made, you will lose this payment. |  |
|  | Account Holders Name |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Sort Code | Account Number |  |
|  |  |  | - |  |  | - |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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#### Section 5 – Student’s Declaration

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| • | I declare that the information I have given on this form, including any supporting statements/ documents, is correct and, to the best of my knowledge, complete. The documents I have provided accurately show my current level of household income. |  |
| **•** | I understand that by applying to the Bradford College Access to Learning Support Fund I am agreeing to all the terms and conditions as they appear in the Bradford College Access to Learning Fund Policy. A copy of these are available on the College’s web site or from HE Student Finance. |  |
| **•** | I feel that if I do not get any money to help me, I will be unable to continue on my course and will be at risk of having to withdraw. |  |
|  |  |  |
|  | Signature |  | Date |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Received Date: |  | Time: |  |