

Surname:

HSDC Vulnerable Bursary Application 2022-2023

This form should be completed if you are a student, **aged 16-18** on 31 August 2022 and meet one of the following criteria:-

- o You are in receipt of Universal Credit in your own name
- o You are In Care or are a Care Leaver

Section 1 - Student Details

 You are a student in receipt of both Universal Credit <u>and</u> Disability Living Allowance or Personal Independence Payment in your own name

First Name (s):

Address:								
		Postcode:			Date of Birth:			
Home Tel No:	Mobile No):			Student Ref No:			
Email address:								
Course Title:					Age on 31 st August 2022:			
Section 2 – Student Status		Please tick		Section 3 - Please indicate which campus you are studying at:				
I live with my parent(s)/carer(s)				,				
I live alone				Alton Campus Havant Campus South Downs Campus				
I live with my partner								
Other (please state) (e.g. homeless, so	fa surfing)							
I have dependent children, please state	e their ages							
Section 4 – Please provide evidence of	f one of the	following:						
Criteria	Criteria Please Fyidence Required							
Both Universal Credit <u>and</u> Disability Living Allowance or Personal Independence Payments		Benefits Agency letter stating you currently receive Disability Living Allowance or Personal Independence Payments and your latest monthly award notice from your online Universal Credit Account. Please provide the full breakdown which shows how your monthly payment was calculated.						
Universal Credit		A copy of your latest award notice, which can be printed from your online account. Please print the full breakdown, which shows how your monthly payment was calculated. For students in receipt of Universal Credit only, we also require one of the below: • A tenancy agreement (or equivalent) • Utility bill in your name • Your child's birth certificate or child benefit letter.						
In care – looked after by a local authority or under a care order. Care leaver – previously looked after for 13 weeks, which began after the age of 14.		Written confirmation of your current or previous looked-after status from the authority whose care you are under or who provided your care leaving services.						

Section 5 – Name & contact number of Social Worker/Support Worker if applicable													
Name:								Tel No:					
Section 6 – DEDUCTIONS - such as travel passes, course equipment, uniform & trips													
you to do this, so th	nat yo ow the	u do r e item	ot h s tha	ave to part you w	oay out ould lil	large ke us t	amo o de	unts of r	money you	self, fo	rsary. We would encour r example, for your bus vill meet with you indivic	pass.	
Bus Pass		Train Pass				E	quipme	nt		Clothing/Uniform			
Trips		UCAS fee				В	ooks			Other			
	1	ı				I							
Section 7 – Your weekly amount will be paid directly into your bank account. Please complete below and provide evidence e.g., bank card, bank statement or letter from your bank showing your account details.											ovide		
Full Name of Accou	ınt Ho	lder											
Name of Bank/Buil	ding S	ociet	у										
Sort Code													
Account Number													
Your account number may not be the same as the cash or debit card number: you can find it on a bank or building society statement. Account Numbers are 8 digits long.													
wrongfully claiming fir I give permission for C to HSDC processing pe understand that the barelevant data protection personal data, then plant in the plant in th	nancial ollege ersonal ank de on poli ease co weekly on 10 ckness	help r staff a data o tails o cies & ontact paym 0% att is per	nay r nd if conta n this proc <u>data</u> ent enda mitte	esult in appropriate in soft of the soft o	future a riate, Pa this applill only b Should on@hsc	ssistan rents/(lication pe usec you rec dc.ac.ul	nce be Carer n form d to m quire <u>k</u> g a go	eing stop s/Social \ n for the nake my any furth nod stand	ped and any Workers to b purpose of a weekly payn ner informati	incorre e consu dminist nent and on, rega	nation which may lead to ctly paid funds being recovered over this application. The recovering Financial Assistance. If the college will adhere to arding the processing of your the course when the course of the c	l agree l our	
Will be paid of Will not be mWill not be m	ade du	ıring c	ollege	e holida						stmas a	and the summer.		
Signature:										Date:			
Diagram material	-:- ¢-						l			C C+-	don't Tuesdal Q Company		

Please return this form to the relevant campus with your evidence to: HSDC, Student Travel & Support,

- Alton Campus, Old Odiham Road, Alton, GU34 2LX
 - Havant Campus, New Road, Havant, PO9 1QL
- South Downs Campus, College Road, Waterlooville, PO7 8AA

If you have any general enquires about this application, you may email Alton Campus on travelandsupport@alton.hsdc.ac.uk or Havant & South Downs Campuses on travelandsupport@hsdc.ac.uk