Date received





APPLICATION FOR 16-19 FINANCIAL ASSISTANCE

(INCLUDING, 19-25 YEAR OLDS WITH AN EHCP AND 14-16 YEAR OLDS FOR FSM ONLY)

(under 19 years old on 31st August 2023)

ACADEMIC YEAR 2023 - 2024

PLEASE READ THE ENCLOSED ELIGIBILITY INFORMATION & GUIDANCE NOTES BEFORE COMPLETION

PART A - TO BE FILLED IN BY THE YOUNG PERSON			
PART A: SECTION 1 - PERSONAL INFORMATION			
Surname: Forename:			
Date of Birth: DD/MM/YYYY Age:			
Have you been a resident in the UK/EEA for the last 3 years?	Yes	No	
Are you an Asylum Seeker?	Yes	No	
Address:			
Postcode:			
Home Telephone: Mobile:			
Please indicate who you live with: Parent Relative Other		On Own	
Are you in care?	Yes	No	O
Are you a care leaver?	Yes	No	o
If you live on your own, please tell us how you support yourself financially:	Voc	NI.	
Income Support/Universal Credit	Yes	No	
DLA or PIP as well as ESA in own right	Yes	No	O
Are you a parent who has responsibility for a child?	Yes	No	o
Are you on the marine pre-cadet or sports academy course and	Yes	No	o
applying for help towards Halls of Residence fees?	103		
PART A: SECTION 2 - COURSE INFORMATION			
Course of Study:			
Campus attending: South Tyneside TyneMet College Other Please state:			

PART B - TO BE FILLED IN BY PARENT(S)/GUARDIAN(S)

PART B: SECTION 1 - ELIGIBILITY/INCOME DETAILS

DO PARENT(S)/GUARDIAN(S) CLAIM ANY OF THE FOLLOWING BENEFITS	
(PLEASE TICK ALL THAT APPLY)	
Income Support/Universal Credit	
Employment & Support Allowance (Income related)	
Working Tax Credit	
Child Tax Credit	
Job Seekers Allowance (Income Based)	
Pensions Credit (Minimum Guarantee Credit)	
Other Benefits	

YOU MUST ATTACH A COPY OF YOUR TAX CREDIT AWARD NOTICE 2022/23 OR PROOF OF BENEFIT OR INCOME SUCH AS A PHOTOCOPY OF A RECENT BENEFIT LETTER/BANK STATEMENT/OR P60 APRIL 2023.

Do parent(s)/guardian(s) work?		Yes		No
Please outline gross anual income:		Adult 1		Adult 2
riedse duffille gross driddi fricorrie.	£		£	

PART B: SECTION 2 - SIGNATURE OF PARENT/GUARDIAN AND LEARNER

- I can confirm that the information given in this form is correct and complete to the best of my knowledge.
- I understand that the College has the right to make an independent check of any evidence produced and such action as is deemed appropriate in the event of any information I have given being proven to be incorrect or false.
- I understand that if eligible for Free School Meals that the card used to claim the award has a monetary value and that if lost or stolen that I and/or the student will be asked to cover the cost to replace the card.
- I understand that if eligible for an award the monthly travel voucher has a monetary value and that if lost or stolen that monthly voucher will not be replaced at the College's expense. A new voucher will be awarded but this will reduce the number of weeks that I will be eligible for free travel across the academic year.
- I agree to the conditions and eligibility criteria of the scheme. I understand that giving false information which results in an overpayment will mean that any future payments will be stopped and the College may seek repayment of any monies / payments in kind made.
- I agree to Tyne Coast College processing the personal data on this form for reasons connected with my application and the college's legitimate business needs.

PLEASE CHECK THAT YOU HAVE ANSWERED EACH SECTION FULLY

Parent/Guardian:	Learner:
Date: DD/MM/YYYY	Date: DD/MM/YYYY

BANK ACCOUNT DETAILS

account. Please note: not all bursarie	,	d as cash.	JI IK
Name of Account Holder:			
Bank Account Number:			
Sort Code:			
Name of Bank:			
HAVE YOU REMEMBERED TO E	NCLOSE?	Evidence of relevant benefit or proof of household income	

Once complete with evidence, please send/or return in person to: Student Services, South Tyneside College, St Georges Avenue, South Shields, NE34 6ET