**New Students**

**Care Leavers Bursary**

Application form 2020-21

At Solent University we provide an additional £1,500 bursary to care leavers. **BEFORE APPLYING** – *please ensure that you meet the eligibility criteria.*

**Eligible students must be:**

* under 25 on the 1st September of the first day of the course
* are or have been looked after by any Local Authority for a period of thirteen weeks or more *after* the age of fourteen and before your 18th birthday.
* Please return the completed form by email tostudent.funding@solent.ac.uk with supporting documents or send to: Student Funding, RM046, Solent University, East Park Terrace, Southampton, SO14 0YN. You can also contact us via this email if you have any problems.
* Bursaries are paid by BACS transfer directly into your bank account in instalments.  **Once you are enrolled on your course, you will be required to enter your bank account details using this secure link:** <https://bit.ly/2kDS38g> . If your bank details change during your studies, please update them as soon as possible. **It is your responsibility your bank details are correct, as we cannot check them.**

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| Section 1 – PERSONAL DETAILS |

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| **Student Number** (if known) | **Q** |  |  |  |  |  |  |  |  |
| **First Name** |  | **Surname** |  |
| **Date of Birth** *(dd/mm/yyyy)* |  |
| **Home Address** | **Postcode……….………..………….**  |
| **Term Time Address**(if known) | **Postcode……….………..………….**  |
| **Phone Number** |  |  |  |  |  |  |  |  |  |  |  |
| **Personal Email Address** |  |

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| Section 2 – COURSE DETAILS |

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| --- | --- |
| Course Name: |   |
| Current year of course *(Please circle)*  | Foundation | 1 | 2 | 3 | 4 |

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| **OFFICE USE ONLY:** Adviser’s Initials ………………………… Date of Application: ……………………………………… Form on CRM ***Student Funding Team June 2020*** |

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| Section 3 – LOCAL AUTHORITY AND CARE DETAILS |

 I confirm that I am currently in Local Authority Care

 I have previously been in Local Authority Care

Please state which Local Authority you are/were in care with: ..............………………………..………

Please provide the name and contact details of your Leaving Care Personal Adviser / Pathways Adviser / Social Worker:

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| Section 4 – SUPPORTING DOCUMENTS |

In order for your application to be considered, you MUST provide along with this completed application form:

* Evidence of your **care leaver status** from your Local Authority
* Your Funding Entitlement letter from Student Finance for 2020-21 (showing your name & Customer Ref. Number)

I declare that, to the best of my knowledge, I fulfil the following eligibility criteria (please tick relevant boxes):

* I will be **under 25 years old** on 1 September in the first year of study
* I confirm I am a UK student and have a UK ‘home fee’ status
* I have been looked after by a UK Local Authority for a period of thirteen weeks or more after my 14th birthday and before my 18th birthday.

Student’s Signature: ………………………………………………………………………………………… Date: ………. / ………. / ………..

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| Section 5 – DECLARATION *(please read carefully and sign below)* |

Confidentiality

Applications are only seen by the panel and Student Experience staff. It may also be necessary for additional supporting information to be sought from other university staff in order for the panel to reach a decision. e.g Income Team/Accommodation. Solent University is a data controller under the General Data Protection Regulation (GDPR). The data requested in this form is covered by the Student Privacy Notice provided by the university under GDPR . Personal data will be used solely in the department for statistical purposes and electronic record keeping. The data will not be passed on to any third party without your consent, except when the university is required to do so by law.  Any formal enquiries concerning the use of data noted here should be addressed to the Chair of the Support Grant Panel.

**It would help us to know how you heard about the Care Leavers Bursary:**

* Portal
* Openday
* Other Students
* Student Hub
* Student Funding Information Stand
* Staff / Tutor
* Facebook / Twitter
* Other …………………………………………….