

- Before completing the application form please ensure that you meet the eligibility criteria.
- Please return the completed form with supporting documents to: **Student Funding, Students 1<sup>st</sup> Support, Southampton Solent University, East Park Terrace, Southampton SO14 0YN**. Alternatively you can submit the form by hand to Students 1<sup>st</sup> Support (RM011). For any further enquiries please email [student.funding@solent.ac.uk](mailto:student.funding@solent.ac.uk) or phone: 023 8020 13427.

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## SECTION 1 : PERSONAL DETAILS

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Full name: \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_

Student number (if known): \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Term time address: \_\_\_\_\_

\_\_\_\_\_

Telephone / mobile number: \_\_\_\_\_

Personal email: \_\_\_\_\_

University email: \_\_\_\_\_

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## SECTION 2: COURSE DETAILS

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University course title: \_\_\_\_\_

Year of course (please circle):    Foundation   1   2   3   4

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### SECTION 3: FOYER /SUPPORTED ACCOMMODATION DETAILS

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Name of Foyer/Supported Accommodation: \_\_\_\_\_

Please give dates, or state the period you have been/were living in Foyer/Supported accommodation:

\_\_\_\_\_

Please provide the name and contact details of your Support Worker/Adviser:

\_\_\_\_\_

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### SECTION 4: DOCUMENTS

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In order for your application to be considered, please provide along with this completed application form (please tick to confirm you have included the documents)

- Original evidence of the time you spent in Foyer / Supported accommodation
- Your Student Finance Breakdown letter from Student Finance for 2017-18

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### SECTION 5: DECLARATIONS

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

- for 2017-18
- I will be under 25 years old on the 1<sup>st</sup> September in the first year of study
- I am currently living or have previously lived in supported accommodation/ Foyer Federation. (In most cases students must have spent a significant period of time living in this type of accommodation for reasons related to their physical or mental wellbeing).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICE USE ONLY

Date received:

Adviser:

Notification sent (date):

Last updated: Mar 2017

Review date: Mar 2018