PLEASE EMAIL COMPLETED FORM TO: StudentBursary@ndonline.ac.uk

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| STUDENT SUPPORT FUND **CLAIM FORM 1** HALF-TERM 1 – Tuesday September 6th (U6) – Wednesday October 19TH - 7 Wks **Monday September 8th (L6) – Wednesday October 19TH – 7 Wks** |

#### **Personal Details**

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| **NAME** | ***CAPITAL LETTERS*** |

**S \_ \_ \_ \_ \_ \_ \_**

STUDENT ID

Please complete the expense sheet below. Please note not all sections will be relevant to you so only claim under the sections that you have incurred costs. Please note you MUST supply receipts for any claim:

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| **Expense** | **Details** | **Amount Requested** |
| Books and Equipment | **ONE BOOK PER SUBJECT**  **Yearly maximum of £30 for equipment**  **Receipts must be attached** | **£** |
| **Transport Costs to and from college**  ***YOU MUST LIVE 3 MILES OR MORE FROM COLLEGE TO CLAIM TRAVEL*** | **You can claim for this half term, in advance, which is 7 weeks for U6 and 7 weeks for L6. The cost of a weekly pass for students living in the Leeds area, using your scholars permit, is £8.40 per week.**  **If you live outside of Leeds we recognise that these costs and may be higher.** | **£**  **e.g 7 WEEKS X £9.00 = £63** |
| **Course Trips** | **Your teacher must sign below to authorise your eligibility for the trip.**  **Teacher’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **COST OF TRIP AND DEPT**  **£** |
| **Interviews and Open Days for University And Employment** | **Proof of interview and details of the cost of travel must be provided. The claim is only for the student only**  **Yearly max of £75 can be claimed** | **£** |
| **Other Costs**  **(Please specify)** |  | **£** |
| TOTAL AMOUNT REQUESTED **AMOUNT APPROVED** | | **£**  **£** |

**Applicants Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **For Provider Use: Financial Assessment and eligibility confirmed and application is supported? – YES / NO**    Where application is not supported, give reason - .      **Sort code**  **Account Number**  **Signed Date**  **Name AMOUNT** |