

Dundalk Institute of Technology - Student Services Office – 042 9370240

ESF Student Assistance Fund (SAF) APPLICATION FORM 2016/2017

APPLICATIONS CAN ONLY BE CONSIDERED FOR FULLY COMPLETED FORMS

Personal Details

Student Name	
Student ID	
Home Address	
Distance from DkIT to your home address (Km)	
Term Address	
Are you in a student rented accommodation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Household Status: (leave blank if inapplicable)	
Jobless Household <input type="checkbox"/>	
Jobless Household with dependent children <input type="checkbox"/>	
Single adult Household with dependent children <input type="checkbox"/>	
Homeless/Affected by housing exclusion <input type="checkbox"/>	
Rural Area	Yes <input type="checkbox"/> No <input type="checkbox"/>

Mobile No	
Date of Birth	
Age	15-24 <input type="checkbox"/> 25+ <input type="checkbox"/>
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>
Please indicate your country of origin:	
Ireland <input type="checkbox"/>	
EU Member State (excluding IRL) <input type="checkbox"/>	
Non EU/EEA Country <input type="checkbox"/>	
Other <input type="checkbox"/>	
Other minority background: (leave blank if inapplicable)	
Non-national but permanent resident in the state <input type="checkbox"/>	
Travelling/Roma community <input type="checkbox"/>	
Do you have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, are you supported by FSD	Yes <input type="checkbox"/> No <input type="checkbox"/>

Course Details

Programme Title:	
Programme Code:	
School/Dept:	
Attendance rate to date:	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>

Please indicate your Course Level:	
Level 6/7 <input type="checkbox"/> Level 8 <input type="checkbox"/> Postgraduate <input type="checkbox"/>	
Year of Study:	
Is this a repeat year:	Yes <input type="checkbox"/> No <input type="checkbox"/>

DkIT Email:	
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PPS Number	
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Please answer the following by ticking the appropriate box

Status (Prior to DkIT Entry)
Full time education/training <input type="checkbox"/>
Self employed <input type="checkbox"/>
Employee <input type="checkbox"/>
Long term unemployed <input type="checkbox"/>
Short term unemployed <input type="checkbox"/>
Other <input type="checkbox"/>

Highest Educational Attainment (Prior to DkIT Entry)
Primary/Lower Secondary education <input type="checkbox"/>
Upper Secondary education <input type="checkbox"/>
Post Secondary/Non third level education <input type="checkbox"/>
Third Level education <input type="checkbox"/>

Grant Information

1. Have you applied for a student maintenance grant? Yes <input type="checkbox"/> No <input type="checkbox"/> What is the present status of your application? Approved <input type="checkbox"/> Refused <input type="checkbox"/> Awaiting decision <input type="checkbox"/>
2. If approved, how much were you awarded for the year Adjacent <input type="checkbox"/> Non Adjacent <input type="checkbox"/> Amount _____
3. Are you in receipt of Local Authority Top Up Grant? Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Are you liable for Tuition Fees this year? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please state the full amount _____
5. Did you get a Student Maintenance Grant last year?
6. If you are not in receipt of a grant please state the reason why _____

Application Number (Office use only)	
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1. Have you received/are in receipt of any other financial support(s) in 2016/17 Yes No

If yes – tick all that apply:

- Donagh O'Malley Scholarship All-Ireland (McManus) Scholarship
- DES Gaelteacht Scholarship Other DES Scholarship
- Other Bank Scholarship Trade Union Scholarship/Grant
- Credit Union Scholarship Society of St Vincent de Paul Grant
- Sports Scholarship Other Scholarship/Grant
- DkIT Scholarship Other EU Funding

2. Have you received SAF assistance in a previous academic year? Yes No

If Yes – state the amount awarded _____ Year awarded _____

3. Are you in receipt of Social Welfare Payments? Yes No

If Yes –

Please name the payment that you are receiving _____

4. Are you in receipt of Back to Education Allowance? Yes No

5. Are you in receipt of Disability/Carers Allowance? Yes No

6. Are you a Medical Card Holder? Yes No

7. Do you receive rent allowance? Yes No

8. Are you working part-time? Yes No If Yes – please state earnings _____

Place of work _____ Hours of work _____

9. Provide details of any loans owed by you personally and the loan repayments if any _____

10. Are you of independent means? (ie. No support from parent(s)/guardian(s)) Yes No

11. Is your family dependent on social welfare support? Yes No

12. Please indicate annual income of parent(s)/guardian(s)/spouse _____

13. State the number of dependent children in the family: _____

14. Do you have dependent children? Yes No

If yes please indicate how many children:

1-3 children 4-7 children 8+ children

15. Are your children in registered childcare? Yes No

16. Please indicate the number of children in full-time further or higher education:

1-3 children 4-7 children 8+ children

Students Income and Expenditure for the Academic Year 2016/2017

To be completed by ALL applicants. Evidence of Income and Expenditure must be provided to support your application

Income	Amount €	Expenditure	Amount €
	Monthly		Monthly
Higher Education Grant <i>Attach photocopy of Grant Confirmation Letter</i>	€	Rent <i>Attach photocopy of Rent Agreement and Rent Book</i>	€
Grant/Scholarship/Bursary/Awards or other financial supports <i>Attach Grant/Scholarship/Bursary Confirmation Letter</i>	€	House Phone <i>Attach photocopy of recent house phone bill</i>	€
Work <i>Attach photocopy of your own P60 and Payslip or relevant document</i>	€	Mobile Phone <i>Attach photocopy of recent Mobile phone bill</i>	€
Parent/Family/Spouse/Partner <i>Attach photocopy of Parent/Carer/Spouse/Partner P60 and Payslip or relevant document</i>	€	Food/Groceries	€
Maintenance	€	Lunches	€
Rent Allowance <i>Attach proof of Rent Allowance</i>	€	HEAT/ESB/GAS <i>Attach photocopy of recent receipts or bill</i>	€
Welfare Payment <i>Attach proof of Welfare Payment</i>	€	Oil/Coal <i>Attach photocopy of recent receipt</i>	€
Child Allowance Benefit	€	Childcare <i>Attach photocopy recent receipt signed and dated</i>	€
Back to Education Allowance <i>Attach proof of Back to Education and Highlight payments on your bank statements</i>	€	Books & Academic Materials	€
Family Income Supplement	€	Photocopying/Printing	€
Carer's Allowance <i>Attach proof of Carer's Allowance Payment</i>	€	Transport <i>Attach photocopy of recent receipt</i>	€
Disability Allowance <i>Attach proof of Disability Allowance Payment</i>	€	Medical	€
Pension	€	Student Loans <i>Attach photocopy of loan agreement</i>	€
Additional Income (i.e. Savings)	€	Other Loans <i>Attach photocopy of loan agreement</i>	€
Other	€	Other	€
TOTAL INCOME	€ Per Month	TOTAL EXPENDITURE	€ Per Month

Information in Support of your Application

Please specify the minimum amount of assistance you require:	€ _____
For what specific purpose do you require assistance from this fund?	Rent ↑ Books ↑ Childcare ↑ Class Materials ↑ Food / Groceries ↑ Gas Heat ESB ↑ Medical Expenses ↑ Other Living Expenses ↑ Travel Expenses ↑ Emergency Support ↑ (e.g. Family breakdown, Bereavement, Accidents, Unforeseen circumstances)

How were you made aware of the Student Assistance Fund?

- | | | | |
|--------------------------|--------------------------|---------------------|--------------------------|
| Student Services Staff ↑ | <input type="checkbox"/> | Orientation ↑ | <input type="checkbox"/> |
| Access Orientation ↑ | <input type="checkbox"/> | Students Union ↑ | <input type="checkbox"/> |
| Website ↑ | <input type="checkbox"/> | Studentfinance.ie ↑ | <input type="checkbox"/> |
| Lecturers ↑ | <input type="checkbox"/> | Student Handbook ↑ | <input type="checkbox"/> |
| Access Office | <input type="checkbox"/> | Other ↑ | <input type="checkbox"/> |

Are you registered with any other Student Support Service at the Institute?

- | | | | |
|---------------------------|--------------------------|-------------------------------|--------------------------|
| Disability Office ↑ | <input type="checkbox"/> | Access Office (Mature Access) | <input type="checkbox"/> |
| Access Office (General) ↑ | <input type="checkbox"/> | Health ↑ | <input type="checkbox"/> |
| Sports & Societies ↑ | <input type="checkbox"/> | Counselling ↑ | <input type="checkbox"/> |
| Careers ↑ | <input type="checkbox"/> | Chaplaincy ↑ | <input type="checkbox"/> |

Why do you need help from this fund? Please provide full details to support your application.

Checklist

Complete all sections of the form.
All supporting documentation must be included.

Declaration of applicant:

I certify that the information provided on this form is true, complete and accurate and that assistance from other sources has not been received for the stated purpose/service which is the subject of this application.

Signature of applicant: _____ Date: _____

WHAT TO DO NEXT:

- **Read the Important Information for applicants - How to apply**
- **Complete the application in full – incomplete applications will not be considered and same returned**
- **Submit all supporting documentation with the application form**
- **All students will be advised of the outcome of the Committee Meeting the same week**
- **Your attendance at class is essential**

Closing Date: Monday 28th November 2016 (12pm)

If your application is successful – you will receive payment within 2 weeks of the Committee Meeting following notification from your department that you are in regular attendance on your programme.

If your application is unsuccessful – you may appeal in writing to safappeal@dkit.ie.

If there is a change of circumstance during the academic year you may re-apply.



Telephone (042) 9370240

STUDENT ASSISTANCE FUND APPLICATION FORM
Academic Year 2016/2017

PLEASE READ THESE NOTES BEFORE COMPLETING THE APPLICATION FORM

The purpose of the Student Assistance Fund is to provide financial support for any fulltime student of DkIT who has experienced a major change of circumstance, and is experiencing financial difficulties, or is disadvantaged. The fund provides for those who can prove that they are experiencing SEVERE FINANCIAL HARDSHIP. The fund is limited and applications can only be considered on receipt of completed application forms together with supporting documentary evidence.

If you need assistance or advice on this scheme please contact one of the following: Student Assistance Fund Officer, Student Services Officer, Counsellor or Chaplaincy Service, Access Officer, Institute Nurse or the Students Union. For further information please refer to www.dkit.ie or the Student Services Guide - Just The Facts 2016/17. The Student Assistance Fund regulations issued by the Higher Education Authority apply to this scheme.

The fund is open to students currently registered on a full time programme at DkIT. The programme must be of at least one year's duration and must lead to an undergraduate or postgraduate qualification.

Please note the information supplied by you will be used ONLY to assist in determining the outcome of your application for assistance. The SAF Committee reserve the right to clarify any information provided by you.

Expenses which may be supported from the fund include:

Registered Childcare, Food/Groceries, Gas/Heat/ESB, Medical Expenses, Rent, Books/Class Materials, Travel, or Emergency Support

Please note that Tuition, Registration, Examination Fees or Loans may not be supported from this Fund.

The Student Assistance Fund 2016-17 is funded by the Irish Government and part-financed by the European Social Fund under the Human Capital Investment Operational Programme 2007-2017



The European Union

STUDENT ASSISTANCE FUND CHECK LIST

- Complete Application Form

- Student bank statement - **last 3 months prior to date of application** detailing your name & address - Printouts from cash points or internet banking will be accepted with the original bank statement

- Student & Partner **or** Student & Parents proof of income (P60 **and** Copy of Payslip or P21 or Social Welfare Letter or Back to Education Letter or Confirmation of Maintenance Grant...)

- Copy of Student ID Card

If Applicable:

- Copy of Medical Card

- Quote for books or class material still needed - Quote has to be stamped and dated by shop or provider.

- Copy of Loan Agreement

- Copy of Rental Agreement or Contract **and** Copy of Rental Book or Receipt/Letter from Landlord confirming payment (the receipt/letter has to be dated and signed)

- Copy of Birth Certificate of Student's Children

- Copy of Heating/Gas/ESB/Phone/Mobile phone/Medical Expenses Bill

- Emergency Support Evidence

**IMPORTANT INFORMATION FOR STUDENT ASSISTANCE FUND APPLICANTS
HOW TO APPLY:**

Students should complete the attached application form in full. Supporting documentation must be submitted with the application form. Incomplete applications will not be considered.

Submit completed Application Form and supporting documentation in the Student Services Centre (F113).

All other applicants – Please call into the Student Services Centre (F113), a Student Services Officer will go through your application and supporting documentation which can be handed over if complete.

Please bring your current Student ID card with you. If your application is complete, it will be forwarded to the next meeting of the SAF Committee for consideration. You will be notified by post of the SAF Committee meeting to the outcome of your application.

If your application has been successful, funding will be available within two weeks of the SAF committee meeting, following notification from your department that you are in regular attendance on your programme.

An applicant whose application has been rejected may appeal in writing to safappeal@dkit.ie outlining the precise grounds on which you are basing your appeal. Where an applicant circumstances change during the academic year, they may re-apply for assistance

Any allocation made will expire at the end of the academic year in which it was made. A new application for funding must be made for each subsequent academic year.

Students who are found to abuse the scheme by giving false information or omitting to advise of change of circumstances will be disqualified from all further support from the fund and may be liable to repay their allocation.

Checklist/Example of supporting documentation:

Parental/Guardian Income, Partner/Spouse Income	P60 and copy of Payslip, P21, or P45 (for inspection). Copy of Social Welfare letter; or welfare booklet (for inspection)
Own Income:	P60 and Copy of Payslip, P21 or P45 (for inspection). Maintenance Grant Certification or Scholarship/Grant details if applicable. Copy of Social Welfare letter, or Back to Education letter or welfare booklet (for inspection). In the case of child maintenance, copy of agreement.
Bank Account Details:	3 months bank statements prior to date of application detailing your name address etc, printouts from cash points or internet banking will not suffice (to the exception of e-statements).
Medical Card – (if applicable)	Copy of Medical Card
Loan Details - (if applicable)	Copy of Loan Agreement
Rent - (if applicable)	Copy of lease agreement or contract and copy of rent book or official receipt from landlord confirming payment (dated and signed)
Children / Childcare - (if applicable)	Copy of your child/children's birth certificate(s) and Copy of registered childcare provider receipts
Books/Class Materials - (if applicable)	Quote for books or class material – Quote has to be stamped and dated by shop or provider
Heating/Gas/ESB/Phone/Mobile Phone or Medical Expenses - (if applicable)	Copy of recent bills or receipts
Emergency Support - (if applicable)	Documentary Evidence to support your claim.