

## Student Assistance Fund 2017/18

**When Submitting this form please ensure the following:**

1. All appropriate sections of the form are complete, as incomplete application forms will not be considered.
2. **Please provide confirmatory documentation as applicable to you - choose from the list below and tick the relevant boxes:**

**Your own documents:**

- Expenditure Receipts pertinent to your application e.g. Rent, Food, Academic Materials, Childcare, Heating/Electricity receipts. ☐
- Bank Statement showing at least 6 weeks of current transactions ☐
- Confirmation of applicants income (P60, P21 or payslip) ☐
- Confirmation of Social Welfare payment to applicants ☐
- Details of grant ☐
- Verification of student's mortgage ☐
- Copy of Medical Card ☐
- Spouse/partners income details/social welfare payments ☐

**Your parents/guardians documents:**

- Confirmation of parents/guardians income (P60, P21 or payslip) ☐
- Confirmation of Social Welfare payment to parents/guardians ☐

3. **When your application form is completed, please make an appointment to meet the Student Services Officer Una Roberts  
Phone 9195514 or email [uroberts@stangelas.nuigalway.ie](mailto:uroberts@stangelas.nuigalway.ie)**

## Student Assistance Fund

The Student Assistance Fund (SAF) provides financial support to students who are experiencing short or long-term financial difficulties while attending higher education. The SAF is co-funded by the Irish Government and the European Social Fund as part of the ESF Programme for Employability, Inclusion and Learning 2014-2020. The Fund is intended to support students whose participation in higher education would otherwise be at risk as a direct result of financial difficulties.

**Please note that NO assistance can be provided to cover Fees or loans.**

1. **Name:** \_\_\_\_\_ **(BLOCK CAPITALS)**
2. **Student I.D. No.:** \_\_\_\_\_
3. **Gender:** Male ☐ Female ☐ **Date of Birth:** \_\_\_\_\_ **(For Statistical Purposes)**

<b>4. Home Address:</b>	<b>5. Term Address:</b>

**Please advise if your living arrangements for 2016-2017 are**

- Living in parent(s)/guardian(s) home (non-commute) ☐  
 Living in parent(s)/guardian(s) home (commuting) ☐  
 Living in own home with mortgage ☐  
 Rented accommodation – student residence ☐  
 Rented accommodation – other ☐  
 Rural or urban family permanent address Rural ☐ Urban ☐

6. **Student E-Mail:** \_\_\_\_\_
7. **Year of Study:** \_\_\_\_\_ **Course:** \_\_\_\_\_
8. **Ethnic/Cultural background:**

White Irish	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>
Irish Traveller	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
African	<input type="checkbox"/>	Other, including mixed background	<input type="checkbox"/>
9. **Are you a participant on any support programme operated by the College? Please tick the appropriate box.**

Are you a HEAR Student	Yes <input type="checkbox"/>
Are you an Access Student	Yes <input type="checkbox"/>
Are you a Student with a disability/special needs	Yes <input type="checkbox"/>
Are you an International Student	Yes <input type="checkbox"/>
Are you a Mature Student	Yes <input type="checkbox"/>
Combination of the above	Yes <input type="checkbox"/>
10. **Please let us know your area of origin**

Ireland (North & South)	<input type="checkbox"/>
EU Member States	<input type="checkbox"/>
Other EEA Countries or the Swiss Confederation	<input type="checkbox"/>
Non EU/EEA Countries	<input type="checkbox"/>

11. Do you have a Medical Card Yes ☐ No ☐

12. What is your current Tuition Fee Arrangement?

Free Fees Scheme ☐ EU Fees ☐ Non EU Fees ☐

13. Have you applied to the Fund in a previous Academic Year or term? Yes ☐ No ☐ Year ☐ Term ☐

If yes, please tick the previous academic year (s) in which an allocation was made and amount awarded

Amount Awarded	2013-2014	2014-15	2015-16	2016-2017

14. Are you repeating the year in 2017-18? Yes ☐ No ☐

15. Please tick the appropriate box to indicate the category of student which applies to you:

Undergraduate: ☐ Postgraduate: ☐ Full-time: ☐ Part-time: ☐

16. What is your marital status:

Single: ☐ Married/Living with Partner: ☐ Separated: ☐ Divorced: ☐

17. At present are you:

18. Educational Qualifications to date:

Registered Long-term unemployed (6 months under 25/12 months over 25)	<input type="checkbox"/>	Intermediate / Junior Certificate level 3	<input type="checkbox"/>
Registered unemployed (less than 6/12 months)	<input type="checkbox"/>	Leaving Certificate level 5	<input type="checkbox"/>
Employed	<input type="checkbox"/>	Post-secondary education level 5/6	<input type="checkbox"/>
In Full-time education	<input type="checkbox"/>	Tertiary education level 7-10	<input type="checkbox"/>
Not available for employment	<input type="checkbox"/>	(one year study or more)	

19. Sources of funding:

Are you in receipt of funding from any of the following sources? (Please tick boxes as required):

Maintenance Grant Special rate	<input type="checkbox"/>	€	_____	Disability Allowance	<input type="checkbox"/>	€	_____
Non-adjacent M. Grant	<input type="checkbox"/>	€	_____	Carers Allowance	<input type="checkbox"/>	€	_____
Adjacent M. Grant	<input type="checkbox"/>	€	_____	Any other Scholarship or Fellowship	<input type="checkbox"/>	€	_____
One parent Family Supplement	<input type="checkbox"/>	€	_____	Income from Savings	<input type="checkbox"/>	€	_____
B.T.E.A.	<input type="checkbox"/>	€	_____	Income from Work	<input type="checkbox"/>	€	_____
Parental Support	<input type="checkbox"/>	€	_____	Yes/No			
Spouse/Partner Support	<input type="checkbox"/>	€	_____	Other Social Welfare	<input type="checkbox"/>	€	_____
Rent Allowance	<input type="checkbox"/>	€	_____				

\*Indicate the month in which the first grant payment was received in 2017-18 session \_\_\_\_\_

20. Have you routine monthly outgoings for persons other than dependent children and if so what amount?  
Yes ☐ No ☐

If the answer to this question is yes please specify \_\_\_\_\_

21. Please fill out the total amount of income below:

Total Amount of Income from 1 September 2017 to 31 May 2018 (9 months) \_\_\_\_\_



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22. Please enter the purposes for which you are requesting assistance stating the amount/s in the relevant boxes below\*.

Purpose	No of Receipts	Total Amount of Receipts (must at least equal amount of money requested):
Rent		€
Books/Materials		€
Academic Equipment e.g. sewing machine		€
Transport		€
Electricity		€
Childcare		€
Food		€
Heating		€
Medical/Dental expenses		€
Other Exceptional or urgent Expenses: please explain		€
<b>Total</b>		€

**Please supply receipts only for the category in which you are requesting assistance.**

23. If you are dependent, what is(are) your Parent(s)/Guardian(s) Occupation:

- a. Mother \_\_\_\_\_  
b. Father \_\_\_\_\_

24. If you are dependent on family support, please indicate the number of your siblings in fulltime third level education \_\_\_\_\_

25. Are you of independent means (i.e. no support from parent(s)/guardian(s))

Yes ☐ No ☐

If no, is one or both of your parents or guardians in receipt of a social welfare payment?

One ☐ Both ☐ Neither ☐

26. Spouses/Partner's Income: \_\_\_\_\_

27. Do you have any dependent children? : Yes ☐ No ☐

28. If yes, please indicate the age of each child: \_\_\_\_\_

29. How many dependent children are in full-time further or higher education: \_\_\_\_\_

30. Do you have a Bank loan: Yes ☐ No ☐

If the answer to this question is yes please indicate amount of loan and attach a copy of the loan statement to the application \_\_\_\_\_



Ireland's European Structural and Investment Funds Programmes 2014-2020

Co-funded by the Irish Government and the European Union



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|--|-------------------------------|----------------------------|
| Access orientation   | General orientation programme | Student handbook           |
| Students Union   | College website               | Student Services personnel |
| <a href="http://www.studentfinance.ie">www.studentfinance.ie</a> | Lecturer/tutor                | Other                      |

*All the information given is true, complete and accurate in every particular and that assistance from other sources has not been received for the stated purpose/service, which is the subject of this application*

**Date:** \_\_\_\_\_

1. If you require assistance filling out this form please contact Una Roberts at Student Services 9195514  
[uroberts@stangelas.nuigalway.ie](mailto:uroberts@stangelas.nuigalway.ie)
2. **When you have completed the form please make an appointment to meet the Student Services Officer to discuss your application.**  
**Please have your form and documents with you for this meeting.**

Please note:

- Personal data collected as part of the application process may be processed for the purposes of coordinating, monitoring and evaluating the operation of the Fund and to comply with European Union requirements,
- This personal data may include personally sensitive data where they choose to share that data, and
- Their data may be shared with third parties for the purpose of monitoring and reporting on European Social Fund co-financed activities.



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