



St. Angela's College, Sligo
Coláiste San Aingeal, Sligeach



EUROPEAN UNION

Investing in your future
European Social Fund



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

Co-funded by the Irish Government
and the European Union



Student Assistance Fund 2018/19

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.

Support from the Financial Aid Fund takes into account a student's financial situation and other personal circumstances. A standardised assessment system is used to determine eligibility for funding. Support for students depends on the size of the fund available, the number of applications and the circumstances of the applicants in any given year. **Please note that NO assistance can be provided to cover Fees or loans.**

Closing date for the application is 5pm on Thursday 31st January 2019

- You may apply **once** to the Fund in 2018/2019 –**or more than once if your circumstances change**
- You may appeal the decision of the Student Assistance Fund Committee by emailing safappeals@stangelas.nuigalway.ie. The outcome of the appeal is final.

**For more information contact Una Roberts Student Services Officer
Phone 9195514 or email uroberts@stangelas.nuigalway.ie**

If this is your first application to the Student Assistance Fund, please make an appointment to meet the Student Services Officer Una Roberts. Please bring the form with you to the meeting.

When Submitting this form please ensure the following:

All appropriate sections of the form are complete

Please provide documents relevant to your application - please tick the relevant boxes:

Your own documents (required from all students):

- Receipts for expenses claimed in your application e.g. Rent, Books/Academic Materials, Childcare, Heating/Electricity receipts
- Bank Statement showing at least 6 weeks of current transactions

Evidence of your Parents/Guardians income (if applicable):

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

Evidence of your own student income (if applicable)

- Copy of your Medical Card
- Evidence of your SUSI grant
- Confirmation of student's own income (P60, P21 or payslip)
- Confirmation of student's own Social Welfare payment
- Confirmation of **student's own** mortgage

Evidence of spouse/partner's income (if applicable)

- Spouse/partners income details/social welfare payments

Part 1 Student Assistance Fund Application: Student Profile

1. Name: _____
2. Student I.D. No.: _____ Student Phone no.: _____
3. Personal email address (not student email) _____
4. Home address: _____

5. Term address: _____
6. Date of Birth: _____ Age _____ Gender: Male Female
7. Course: _____ Year of Study: _____
8. Ethnic/Cultural background:

Member of an ethnic minority group:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Foreign background (self/parents not born in Ireland or N Ireland):	Yes <input type="checkbox"/> No <input type="checkbox"/>
Migrant (non-national permanent resident in Ireland)	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Before the academic year 2018/2019, were you (Please tick one box ONLY as appropriate):

In education or training e.g. Leaving Cert (up to May/June 2018)	<input type="checkbox"/>
Registered Long-term unemployed (continuously unemployed for 6 months if you are under 25 years or for 12 months if you are over 25 years)	<input type="checkbox"/>
Registered short term unemployed (continuously unemployed less than 6 months if you are under 25 years or for less than 12 months if you are over 25 years)	<input type="checkbox"/>
Employed or Self Employed	<input type="checkbox"/>
Not available for employment / not in education or training	<input type="checkbox"/>
10. Educational Qualifications to date (Please tick your highest level of education up to September 2018):

Intermediate / Junior Certificate level 3	<input type="checkbox"/>
Leaving Certificate level 5	<input type="checkbox"/>
Post-secondary education level 5/6 e.g. PLC/QQI course (Fetac).....	<input type="checkbox"/>
Third level education level 7-10 (completed one year study or more)	<input type="checkbox"/>

Please note: Personal Data

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 you choose to share that data. Your data may be shared with third parties for the purpose of monitoring and reporting on European Social Fund co-financed activities.

Do you consent to share your personal data, including personal sensitive data, as stated above?

Yes No

Signature: _____

Date: _____

Part 2 Student Assistance Fund Application: Applicant eligibility details

1. (a) Is this your first application to the Student Assistance Fund in 2018/2019 Yes No
2. (b) In what academic year did you first apply to the fund 14/15 15/16 16/17 17/18 18/19

3. Are you a registered full time student in St Angela's College Yes No

4. Are you a registered Part time student in St Angela's College Yes No

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

Access student Undergraduate (full time or part time): Postgraduate (full time or part time):

6. What is your current Tuition Fee Arrangement?

Free Fees Scheme EU Fees

7. Please tick all the categories that apply to you:

Are you a HEAR eligible student Yes No

Are you a DARE eligible student Yes No

Did you enter the college via the Access course Yes No

Did you enter the College via the Further Education route Yes No

Do you have a disability? Yes No

Are you registered with the Disability Office Yes No

Are you a Mature Student (23+ when starting your course) Yes No

Are you a member of the Travelling/Roma Community Yes No

Do you have a Medical Card Yes No

8. What are your living arrangements for 2018-2019

Rented accommodation

Living in parent(s)/guardian(s) home (non-commute)

Living in parent(s)/guardian(s) home (commuting)

Living in own home with mortgage

None of the above

Are you (please tick the appropriate box)

Single – no dependents Married/Living with Partner

One parent family Married/Living with Partner and dependants

9. People in your household

Are you a dependent student (receive financial support from parents/guardians) Yes No

Are you of independent means (no support from parent(s)/guardian(s)) Yes No

If you are under 23 years please explain why you have no family support _____

10. If you are dependent on family support, please tick the number of your siblings in fulltime 3rd level education: None (just myself) One Two Three or more siblings

11. Do you have other siblings? Yes No Age of siblings: _____

12. Is your family headed by a lone parent? Yes No

13. Students who are parents:

If you yourself have dependent children, please state the age of each child: _____

How many of your own dependent children are in full-time further or higher education: _____

Part 3 Student Assistance Fund Application: Income Details

14. Sources of funding/income

Do you receive any funding/income from any of the following sources? Please provide evidence of all income. (Where there is income from casual work a best estimate over the 12 months' period is acceptable).

	Weekly or Monthly (please specify)	Yearly income
Susi Maintenance Grant	€ _____ per Month	€ _____
Any other Scholarship or Fellowship	€ _____ per week/per month	€ _____
One Parent Family Payment	€ _____ per week/per month	€ _____
Back to Education Allowance (BTEA)	€ _____ per week/per month	€ _____
Disability Allowance	€ _____ per week/per month	€ _____
Carers Allowance	€ _____ per week/per month	€ _____
Rent Allowance	€ _____ per week/per month	€ _____
Orphans Allowance	€ _____ per week/per month	€ _____
Other Social Welfare	€ _____ per week/per month	€ _____
Income from savings	€ _____ per week/per month	€ _____

Student's Income from Work € _____ per week/per month – average income

What is your job? _____

How many hours weekly (average) _____

Do you have a bank/Credit Union loan Yes No

Amount of loan € _____ Repayment amount monthly € _____

11. Household income details – NET income details

NET income of parents/guardians; partner; spouse – this is your income after tax has been paid.

Income includes funds from work, pensions, social welfare. Please note you need to supply evidence of household income e.g. parents P21/P60/Payslip/Social Welfare receipt as relevant.

Total NET yearly parents'/guardians income (if you are a dependent student) € _____

Spouses/Partner NET income (if relevant) Yearly income € _____

11. Please enter the expenses for which you are requesting financial help

Purpose	Receipts provided	Total
Rent		€ _____
Books/Academic materials/equipment		€ _____
Transport		€ _____
Heating/Lighting/Food		€ _____
Childcare costs		€ _____
Medical/Dental expenses		€ _____
Other Exceptional or urgent Expenses: please explain in q12 overleaf		€ _____



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