

Application Grant for disabled & disadvantaged students



Your details

Surname:

Forename(s):

Term time address:

Postcode:

Telephone number:

Home address (if different):

Postcode:

Email:

ICE Membership number:

Date of birth:

Which address would you like to use for correspondence: Term / Home

At your term time address, do you live: ☐ Alone ☐ With spouse or partner ☐ With parents ☐ Halls ☐ In a shared house

If in a shared house, how many people do you share with:

Is this your first degree course?

☐ Yes ☐ No

Why you are applying for assistance from the Benevolent Fund?

(continue on an extra sheet if necessary)



Course and dependent's details

Course name:

Educational establishment:

How long is your course?

Which year of study are you in? ☐ 1 ☐ 2 ☐ 3 ☐ 4

Are you repeating a year? ☐ Yes ☐ No

Are you on a placement year? ☐ Yes ☐ No

Please indicate how your tuition fee is being paid:

Tuition fees grant/loans (pa):

Local Education Authority (LEA) contribution (pa):

Name of LEA (Please enclose a copy of your LEA support notice):

Parental contribution (pa):

Your own contribution (pa):

Please give details of anyone who is financially dependent on you:

Full name:

Date of birth

Have you applied to the Access to Learning Fund this academic year?

☐ Yes ☐ No

Monthly income

Income

Per month

Grants / Bursaries / Scholarships:

Student loan:

Disabled Students' Allowance (DSA):

Net earnings:

Parental / Partner contribution:

List any benefits you're receiving (e.g. Universal Credit, Child Benefit, etc):

Council Tax Support:

Disability benefits (e.g. PIP):

Other income (inc earned income):

Partner's income:

Overall total:

Living expenses

Per month

Debts

Please include all your debts even if you are not behind with the payments.

Annual repayments

(continue on an additional sheet if needed)



Bank accounts and savings

Please give balances in:

Self

Partner / spouse

Bank current:

Bank savings:

Other bank account:

Other bank account:

Building society:

Disability / special medical needs

Do you have a disability or chronic medical condition?

☐ Yes ☐ No

If yes, please provide details

Do you wish to apply for any financial assistance towards any special equipment / material?

☐ Yes ☐ No

If yes, please provide details:

(continue on a separate sheet, if necessary)

University supporting statement

Please ask your Head of Department to add their comments and recommendations for assistance.

All applications must be signed by your Head of Department or his/her nominee

Signed:

Name:

Telephone number:

Job title:

Email:



Declaration

I confirm that all the questions on this form have been fully and truthfully answered to the best of my ability and that all income and assets have been declared. Where I have provided details of my partner I confirm that I have done so with their consent.

I will inform the Benevolent Fund immediately if there are any changes in my circumstances.

Privacy Notice statement

I have read and understood the ICE Benevolent Fund's Privacy Notice. I give my permission for information supplied by me to be stored and processed as indicated in the policy and for my personal information to be shared with the ICE Benevolent Fund local visitor as appropriate.

If you have any further information that you have not already been able to submit on this form, please add it below.

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Continue on an additional sheet if needed.

Signed name:

Date:

Please return the form to the postal or email address below and remember to include all the relevant supporting documents:

Registered Office
ICE Benevolent Fund,
5 Mill Hill Close, Haywards Heath,
West Sussex, RH16 1NY

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info@icebenfund.com
icebenfund.com