

STUDENT FULL NAME: .....

DATE OF BIRTH: ...../...../.....

**APPLICATION FOR A STUDENT AWARD**

This completed form should be returned to the **Student Finance Office, Department for Education, Sport and Culture, PO Box 142, Jersey, JE4 8QJ** before 31st March of the first year of the course. Late applications will be processed, but there may be a delay in the initial payment.

**PLEASE WRITE IN CAPITALS AND COMPLETE ALL SECTIONS OF THE FORM****TO BE COMPLETED BY THE PARENT, GUARDIAN, OR INDEPENDENT APPLICANT**

Please answer the following questions:

1. I would like the Education, Sport and Culture Committee to consider an award for my \*son/daughter. I understand that I will be required to provide certified evidence of gross family income should I not chose to be treated as a †maximum parental contributor and I agree, in the event of any award being made, to make available to my \*son/daughter any amount deducted from the award as my contribution. **YES/NO** (delete as applicable)

2. I would like to be treated as a maximum parental contributor\* **YES/NO** (delete as applicable)

\*Parents/Guardians who wish to be treated as maximum contributors are **not** required to provide income details and will be responsible for all of the student's maintenance and travel and pay a contribution towards the tuition fees direct to the institute

3. I would like to be treated as an Independent Applicant - I am over 25 years of age **YES/NO** (delete as applicable)

*\*delete as applicable † see question 2*

Full Name of Parents/Guardians (for dependent student only): .....

Title: Mr / Mrs / Mr &amp; Mrs / Miss / Ms / Other (please state).....

Address: .....

..... Post code: .....

Telephone Number: Home: ..... Mobile: ..... Other: .....

E-mail address: .....

If divorced, separated or a single parent, please give the full name and address of absent parent:

Name: ..... Address: .....

..... Post code: .....

Telephone number: .....E-mail address: .....

**TO BE COMPLETED BY THE PARENT, GUARDIAN, OR INDEPENDENT APPLICANT:**

I certify that the information provided on this application form is true to the best of my knowledge and belief, and I provide the information knowing that I shall be liable to prosecution if I have stated anything I know to be false. If an award is made, I undertake to inform the Education, Sport and Culture Committee immediately of any change in circumstances which may affect the amount of the award. I understand that giving false information or withholding relevant information may lead to the recovery of any amounts paid by the Committee. **If the course is prematurely terminated for whatever reason I accept that the Committee may require reimbursement of the whole or part of any award made.**

Signature: ..... Date: .....

Relationship to Applicant: .....( Please state: Mother, Father, Guardian,  
Independent Applicant )

**TO BE COMPLETED BY STUDENT**

Student's Full Name: .....

Title: Mr / Mrs / Mr & Mrs / Miss / Ms / Other (please state).....

Residential Address: .....

..... Post Code: .....

Telephone Number: Home: ..... Mobile: ..... Other: .....

E-mail Address: .....

Social Security No: ..... (If you do not have one, please contact the Department of Employment & Social Security)  
NB. This application cannot be processed unless the Social Security Number for the student is declared

Date of Birth: ..... Place of Birth: .....

Age on 1st September this year: ..... No. of years resident in Jersey: .....

If you reside outside Jersey, or have been during the last 5 years, please give details and dates below:-

Resident in From To

.....  
 .....

**Secondary Schools or Colleges attended**

Name of School or College	Date of Entry	Date of leaving

Public Examinations to be taken the results of which have not yet released. You must notify the Student Finance Office of the results as soon as possible.

Name of Examining Body	Date	Subject	Level*

\* Indicate whether GCSE, O level, AS level, A level, Degree, or other.



**Details of course(s) for which you are applying for an award. Place in order of preference**

Institute Name	Length of Course (in years)	Subject & Degree or other qualification sought	Progress of Application*

\* State against each institute whether you have obtained a *conditional* or *unconditional* offer of a place, also any required conditions (e.g. grades or points)

**DATE OF PROPOSED ENTRY TO INSTITUTE:** .....

Are you, or have you been, in receipt of a loan, award, grant, or benefit for the purposes of education from either Jersey or any other Local Education Authority **YES/NO** (please delete one)

Have you applied for a loan, award, grant, or benefit for the purposes of education from any other Local Education Authority other than Jersey **YES/NO** (please delete one)

Are you, have you, or will you be in receipt of any other monies for the purposes of education e.g. trust funds, charities, bursaries. **YES/NO** (please delete one)

If **YES**, please give details and dates:

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 .....

**CONFIDENTIALITY/PRIVACY STATEMENT**

The information you provide will be processed for educational purposes. To ensure confidentiality and privacy, all processing will be carried out under the requirements of the Data Protection (Jersey) Law 1987. This information may occasionally be disclosed and used outside of the Department for Education, Sport and Culture where it is considered to be in the student's best interest to do so. Should you require us to seek your individual consent to these disclosures please advise us in writing.

I certify that the information provided on this application form is true to the best of my knowledge and belief, and I provide the information knowing that I shall be liable to prosecution if I have stated anything I know to be false. If an award is made, I undertake to inform the Education, Sport and Culture Committee immediately of any change in my circumstances which may affect the amount of the award. I understand that giving false information or withholding relevant information may lead to the recovery of any amounts paid by the Committee. If the course is prematurely terminated I accept that the Committee may require reimbursement of the whole or part of any award made.

**Signature of Student:** ..... **Date:** .....

**You must notify the Student Finance Office immediately in writing of the course and institute you will be attending, having fulfilled any conditions imposed.**