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| --- | --- |
| **Name** |  |
| **Course** |  |
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|  |  |
| **Tuition Fee** |  |

**Please Return This Application By**

**1st October 2018**

|  |
| --- |
| **Reason for Applying for Funding**  (one page only) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Summary Of Income And Expenditure **Credit** **Debit** | | | | | | |
| Total calculated annual income April 2017 – April 2018 | |  |  | | | |
| Partner’s annual income April 2017 – April 2018 | |  | if married , provide combined income/expenditure | | | |
| Your anticipated annual income Jan – Dec 2019 | |  |  | | | |
| Total calculated annual expenditure Jan – Dec 2018 | | |  | | as calculated from monthly total | |
| Total anticipatedannual expenditure Jan – Dec 2019 | | |  | | as calculated from monthly total | |
| Your current student loan debt | | |  | | exclude your career loan | |
| Current total of all your other debt | | |  | | exclude career loan / student loan debt | |
| April 2018 Parental annual income - Father | |  | Registry use only | | | |
| April 2018 Parental annual income - Mother | |  | Registry use only | | | |
| April 2018 Partner annual income | |  | Registry use only | | | |
| **Other Monthly Income** |  | |  | | |
| Parental assistance/Family Support |  | |  | | |
| Any other benefits or income including pensions |  | |  | | |
| Child allowance, Learning Allowance, Tax Credit |  | |  | | |
| **Total monthly income 2018** |  | |  | | |
| **Monthly Expenditure 2018 2019** | | | | | |
| rent, mortgage, service charges, council tax | | |  |  |  |
| water rates, gas, electricity | | |  |  |  |
| food & housekeeping | | |  |  |  |
| telephone(s) include mobile | | |  |  |  |
| travel | | |  |  |  |
| credit card repayments (monthly minimum) | | |  |  |  |
| Any other monthly payments | | |  |  |  |
| **Total monthly expenditure 2018 and 2019** | | |  |  |  |
| **Total Capital Available 2019** | | | | | |
| Bank accounts |  | | include interest received | | |
| Loans secured |  | |  | | |
| Other non NFTS funding or scholarships secured |  | |  | | |
| **Total available capital for 2019** |  | |  | | |
| **Indebtedness** | | | | | | |
| credit cards and store cards total debt | | |  |  | | |
| loans (please specify type) | | |  | other than career or student loan | | |
| overdraft (used) | | |  |  | | |
| Inland Revenue | | |  |  | | |
| Total Current Debt (exclude student Loan debt) | | |  |  | | |

Provide an answer to all questions. If a question does not apply to your situation enter Not Applicable or N/A. Incomplete forms may delay your application for funding. You may be asked to provide evidence to the Scholarship Panel.

UK Residency

Delete as appropriate

|  |  |  |
| --- | --- | --- |
| **1** | Are you a United Kingdom National? | **Yes/no** |
| **2** | Are you an EU National? | **Yes/no** |
| **3** | Do you already have “permanent right to remain in the UK”, confirmed by the Home Office? | **Yes/no** |
| **4** | Do you intend to apply for the above UK residency on the basis that you will have qualified? | **Yes/no** |

Dependency

This section allows us to determine whose income is to be considered when we assess your need for funding.

|  |  |  |
| --- | --- | --- |
|  | Please indicate if any of the following situations are applicable to your circumstances by entering the word **yes** here | |
| **5a** | You are unable to contact your parents |  |
| **5b** | You are irreconcilably estranged from your parents and this is unlikely to change |  |
| **5c** | Both of your parents have died |  |
| **5d** | Please provide a brief explanation if you have answered **yes** either situation **5a** or **5c** | |

Delete as appropriate

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| --- | --- | --- | --- | --- |
| **6** | Have you supported yourself financially during the three years prior to your course? | | | **Yes/no** |
| **7** | Will you have the responsibility of a dependent who is under the age of 18? | | | **Yes/no** |
| **7a** | If so, please give details of their:  Names Date of Birth Relationship to you | | | |
|  |  |  | |
|  |  |  | |
| **8** | Are you a single parent? | | | **Yes/no** |
| **9** | Are you claiming for a Childcare Grant or Parent’s Learning Allowance? | | | **Yes/no** |
| **10** | Does your income or your partner’s income include Child Tax Credit? | | | **Yes/no** |

Your Family

Delete as appropriate

|  |  |  |
| --- | --- | --- |
| **11** | Do you live with both parents? | **Yes/no** |
| **12** | Do you live alone and independently from your parents | **Yes/no** |
| **13** | Do you live with a partner? | **Yes/no** |
| **14** | Please ask your parents and your partner to provide details of their income by completing the appendix and forwarding it to [studentfunding@nfts.co.uk](mailto:studentfunding@nfts.co.uk) | |

You are requested to demonstrate continuing attempts to secure alternative funding from independent sources.

Keep a record of all correspondence – you may be asked at a later date to supply copies to the Panel.

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| --- | --- | --- | --- |
| **Organisation** | **Sum Applied For** | **Decision Date** | **Comments** |
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**Declaration**

I certify that, to the best of my knowledge and belief, all the information that I have provided in this application form is true and complete and constitutes an accurate and up to date representation of my financial situation and resources.

I agree to tell you if my or my family circumstances change in any way that might affect my entitlement to funding. I understand that if I do not advise you of any change in my circumstances it may affect my entitlement and I may not be eligible to continue receiving funding.

I understand that you may require verification of this information.

Your Name: Date:

**Consent Statement**

By entering your name in the box below and submitting this form via email to [studentfunding@nfts.co.uk](mailto:studentfunding@nfts.co.uk) you will grant us permission to share your information with the members of the Bursary Panel for the purposes of administering your application for funding.

I consent to you sharing the information that I have supplied in this form and using it to administer my application for NFTS funding.

Your Name: Date: