

"The Student Assistance Fund is funded by the Irish Government and part funded by the European Social Fund under the Human Capital Investment Operational Programme."



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

Co-funded by the Irish Government
and the European Union



EUROPEAN UNION

Investing in your future

European Social Fund

"Investing in Your Future"

ATHLONE INSTITUTE OF TECHNOLOGY STUDENT ASSISTANCE FUND APPLICATION FORM

IMPORTANT

**ALL CORRESPONDENCE WILL BE THROUGH YOUR AIT STUDENT EMAIL ADDRESS
PLEASE READ INFORMATION & GUIDELINES ON PAGE 4**

THIS BLUE SECTION IS FOR OFFICE USE ONLY

Date Application Submitted:	Entered on Master File:	
COMMITTEE DECISION – IS FUNDING APPROVED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
AMOUNT PAYABLE PER WEEK:	AMOUNT DUE:(at each payment)	
START PAYMENT DATE/NUMBER:	CATEGORY:	

START HERE

Applicant Information

Name:		Student Number:	
Current address:		Rural area <input type="checkbox"/>	or
		Urban area <input type="checkbox"/>	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Date of Birth:	Mobile No.
EU: <input type="checkbox"/>	Non EU: <input type="checkbox"/>	Non-national resident in Ireland/ Traveller / Roma <input type="checkbox"/>	
Course Title:		Academic School: science <input type="checkbox"/> business <input type="checkbox"/> engineering <input type="checkbox"/>	
Are you repeating the year: Yes <input type="checkbox"/> No: <input type="checkbox"/>		Did you receive SAF last academic year: Yes <input type="checkbox"/> No: <input type="checkbox"/>	
Year of study: i.e., 1 st /2 nd :		Are you receiving EU funding other than SAF for this year: Yes <input type="checkbox"/> No: <input type="checkbox"/>	
Household Status: (tick one)	Not applicable <input type="checkbox"/>	Jobless household <input type="checkbox"/>	Jobless household with dependent children <input type="checkbox"/>
Homeless/ affected by housing exclusion <input type="checkbox"/>		Single adult household with dependent children <input type="checkbox"/>	

Applicant Information

Highest level of education prior to commencement of your current course (tick one)	Primary or Junior Cert. <input type="checkbox"/>	Leaving cert <input type="checkbox"/>
Post leaving cert <input type="checkbox"/>	Third level qualification <input type="checkbox"/>	Postgraduate <input type="checkbox"/>
Do you/ your parents have a medical Card: Yes <input type="checkbox"/> No: <input type="checkbox"/>		Do you work part-time: Yes <input type="checkbox"/> No: <input type="checkbox"/>
Have you been approved for the Maintenance Grant: Yes <input type="checkbox"/> No: <input type="checkbox"/>		
If YES: Adjacent <input type="checkbox"/>	Non Adjacent <input type="checkbox"/>	Special Rate: Yes <input type="checkbox"/> No: <input type="checkbox"/>
In what month did you received your first payment:		
Please state you Parental/Family Income Source: (You will need to supply documentary evidence of your family income – P21/P60/ social welfare)		
How many others are financially dependent on you/your parents:		

WEEKLY INCOME/EXPENDITURE BUDGET

Please completed your weekly budget plan below.

You will need to supply supporting documentation (see checklist on Page 3)

WEEKLY EXPENSES:	AMOUNT:	WEEKLY INCOME:	AMOUNT:
Rent/Mortgage		Grant	
Travel		Parents Contribution	
Food		Part-time Work	
Heat/Light		Single Parent Allowance	
Childcare Costs		Back to Education Allowance	
Loan		Other:	
Other			
TOTAL		TOTAL	

Declaration/Terms of Agreement – This section must be signed/dated

Please inform the access office if you withdraw from the institute. Payments may be reduced or cease fully as the academic year progresses as funding cannot be guaranteed. All documentary evidence requested in support of your application must be provided by you in order to receive payment.

I declare that all the information provided is true, complete and accurate and that assistance from other sources has not been received for the stated purpose/service which is the subject of this application.

I undertake to use the fund for purpose intended.

Your name in CAPITALS: _____

Your Signature: _____ Date: _____

APPLICANT CHECKLIST (DO NOT SUBMIT ORIGINALS)

HAVE YOU INCLUDED THE FOLLOWING : (note some of the following may not be applicable to your situation)

Evidence of Rent/Mortgage/lease agreement <input type="checkbox"/>	Copy of Grant Letter <input type="checkbox"/>
Heat/Light Bill/Oil Receipts <input type="checkbox"/>	Parent's Income (P21/P60) <input type="checkbox"/>
Childcare letter & Receipts <input type="checkbox"/>	Pay slips if you work <input type="checkbox"/>
Evidence of Child Benefit <input type="checkbox"/>	Spouse's P21/P60 if applicable <input type="checkbox"/>
Groceries – 1 weeks receipts <input type="checkbox"/>	Social Welfare Income <input type="checkbox"/>
Travel Receipts (Bus, train, petrol) <input type="checkbox"/>	Current Bank Statement <input type="checkbox"/>
Maintenance <input type="checkbox"/>	Evidence of any loans/overdrafts <input type="checkbox"/>

PLEASE STATE WHY YOU ARE SEEKING ASSISTANCE

[illegible]

PLEASE READ THE FOLLOWING GUIDELINES.

FOR MORE INFORMATION CHECKOUT THE WEBSITE **WWW.STUDENTFINANCE.IE**

Check Your Eligibility: In order to be eligible to apply for student assistance, you must be registered on a full-time undergraduate or postgraduate course of not less than one year's duration. You cannot be considered for Student Assistance prior to registering. Students participating in the access course and Students participating in part-time courses are not eligible to apply for SAF.

Eligible Expenses: The Student Assistance Fund typically provides financial assistance to students who are having difficulty covering rent, heating/lighting bills, food, travel, childcare - this is not a definitive list. It cannot be used to fund tuition/student registration fees.

Please read and complete the SAF application form in full. Partially completed forms cannot be assessed. The "Applicant Checklist" section details the documentation you will need to submit. Please submit photocopied documentation not originals.

Return the completed application form and the appropriate receipts and documentation to the Access Administrator, Student Resource Centre, Room D1119 (09064 68125). Please sign and date your application.

Applicants will be given an appointment time to meet with the Access Officer (D1120) who will discuss your application with you.

All applicants will receive an email regarding the outcome of their application. All correspondence in relation to your SAF will be through your AIT student email address. It will be your responsibility to check your emails regularly.

FOR OFFICE USE ONLY

IF FUNDING IS NOT APPROVED PLEASE STATE WHY:

THE FOLLOWING DOCUMENTATION IS OUTSTANDING:

THIS APPLICATION CANNOT BE PROCESSED BECAUSE:

BANK ACCOUNT DETAILS
THE FOLLOWING SECTION MUST BE COMPLETED IN ORDER TO RECEIVE YOUR SAF PAYMENT.

Your Name:	
Name and location of your Bank:	
BIC Number: (Bank Identifier Code, it's on your bank statement)	
IBAN Number (International Bank Account Number, also on your bank statement)	

The Institute is not responsible for any incorrect bank details supplied to us in your application.