

OFFICE USE
Date of receipt

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Application for a Greenwich Hospital Bursary 2017/18

Please return to University of Portsmouth Student Finance Centre by 23 November 2017

NOTES

Please provide photocopies of supporting financial documentation for all figures entered on the form. Originals of all documents must be supplied if requested.

Please ensure you declare all sources of income and all assets, even if the form does not specifically ask for them.

If you have any questions about completing this form, please contact the University of Portsmouth Student Finance Centre on the number or email above.

You will receive an email confirming receipt of this application. If you have not received this within two weeks of submitting, please contact the Student Finance Centre. Please note that emails will be sent to your **University email address**.

Answer all the questions by printing clearly in black ink or by ticking the appropriate boxes.

Part 1: Personal details

1. Student registration number UP
2. Title (Mr, Ms, Mrs, Miss, Other)
3. First name(s) in full
4. Surname in full
5. Date of birth
6. Term-time address in full
Postcode
7. Home address in full (if different)
Postcode
8. Telephone number
9. eMail address
10. Marital status
11. Do you have any children **who live with you** and who are financially dependent on you?
 YES | NO
 ▶ If yes, please give details below for each child

Full name	Date of Birth

12. Course title

13. What year are you in?

▶ The year of your course, not the number of years you have been studying

Part 2: Seafaring background

Eligibility for a Greenwich Hospital Bursary:

- Former members of the Royal Navy and Royal Marines
- Children of serving or retired personnel of the Royal Navy and Royal Marines

In all cases, documentary evidence of a minimum of three years' eligible seafaring service is required.

Please state the seafarer's eligibility

Full name of seafarer	Rank and official number	Service	Dates of service	Date of death (if applicable)
		ROYAL NAVY ROYAL MARINES		

▶ **Copies of the following documents should be enclosed:**

- Serving or retired non-commissioned ranks in RN or RM should supply their Service Certificate
- Serving RN or RM officers should supply a letter from their personnel section stating length of service
- Retired RN or RM officers should supply retirement documentation showing length of service

Part 3: Your income

	You	Spouse	
Maintenance Loan	£ <input type="text"/>	£ <input type="text"/>	▶ Please enclose a copy of the 'Breakdown of Student Finance' page from your award letter
Maintenance or Special Support Grant	£ <input type="text"/>	£ <input type="text"/>	▶ Evidence as for Maintenance Loan
University of Portsmouth Bursary	£ <input type="text"/>	£ <input type="text"/>	▶ Include a copy of your award letter if you have it
NHS/Social Work/PGCE Bursary	£ <input type="text"/>	£ <input type="text"/>	▶ Please enclose your award letter or email
Childcare Grant	£ <input type="text"/>	£ <input type="text"/>	▶ Please enclose a copy of your most recent award notification
Parent's Learning Allowance	£ <input type="text"/>	£ <input type="text"/>	▶ Evidence as for Maintenance Loan
Adult Dependant's Grant	£ <input type="text"/>	£ <input type="text"/>	▶ Evidence as for Maintenance Loan
Gross earnings as an employee for the Year 2016/17	£ <input type="text"/>	£ <input type="text"/>	▶ Please enclose your P60 and latest March pay slip
Income tax	£ <input type="text"/>	£ <input type="text"/>	▶ Please enclose your P60 and latest March pay slip
NI Contributions	£ <input type="text"/>	£ <input type="text"/>	▶ Please enclose your P60 and latest March pay slip
Redundancy payments received this year	£ <input type="text"/>	£ <input type="text"/>	▶ Please enclose your Income Tax schedule
Income support/Jobseeker's allowance per week	£ <input type="text"/>	£ <input type="text"/>	▶ Please enclose a copy of your most recent award letter
Employment Support allowance per week	£ <input type="text"/>	£ <input type="text"/>	▶ Please enclose a copy of your most recent award letter
Widow/er's benefit per week	£ <input type="text"/>	£ <input type="text"/>	▶ Please enclose a copy of your most recent award letter
Other benefit(s) (please specify below)	£ <input type="text"/>	£ <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	▶ Please enclose a copy of your most recent award letter(s)

Child Benefit	£	£	▶ Please enclose a copy of your most recent award letter
Child Tax Credit	£	£	▶ Please enclose a copy of your most recent award letter
Working Tax Credit	£	£	▶ Please enclose a copy of your most recent award letter
Maintenance / other payments	£	£	▶ Please enclose a copy of your court order
Income from property (inc lodgers) for financial year 2016/17	£	£	▶ Please enclose a copy of your tax return for the year ending 2016/17
Income from any other source (eg any charity, relation or trust fund). Please give details below. for financial year 2016/17	£	£	
			▶ Please enclose a copy of your tax return for the year ending 2016/17
Windfalls and inheritance	£	£	▶ Please enclose a copy of your Income Tax schedule
Other Please give details below. for financial year 2016/17	£	£	
			▶ Please enclose any relevant documentary evidence

Part 4: Investments & Assets (including current accounts)

Balances should be shown as at end of March 2017. If in joint name, please enter in student's column. Please enclose annual statements and tax returns.

	You	Spouse
Building society account(s) – total balance	£	£
Bank account(s) – total balance	£	£
National Savings account(s) / certificate(s) / bond(s) – total balance	£	£
ISA, PEPS – total balance	£	£
Premium Bonds – value held	£	£
Premium Bonds - winnings	£	£
Stock Market investments (including Government Stock) – total balance	£	£
Trust funds – total balance	£	£
Offshore investments – total balance	£	£
Other (please specify)	£	£

Part 5: Property

To be completed by all students who have a mortgage on the property entered in Part 1.

	Main property	Other property
Address of property	<input type="text"/>	<input type="text"/>
Current value of property	£ <input type="text"/>	£ <input type="text"/>
Mortgage(s) outstanding	£ <input type="text"/>	£ <input type="text"/>

The Data Protection Act 1984

Greenwich Hospital is registered as a Data User under the Data Protection Act 1984 and our use of personal information is notified to the Information Commissioner as we are required to do under the Data Protection Act 1998. Information given on this form may be disclosed on a confidential basis to relevant departments or individuals at the institution where you are studying, who have a need to know it. The information which you provide on this Higher Educational Application Form will be used to determine your eligibility for a Greenwich Hospital bursary, and for statistical purposes. The Greenwich Hospital will ensure that all personal information is held securely and is not accessible to unauthorised persons.

If you have any questions about our data protection policy or would like a copy of our policy, please contact Greenwich Hospital's data controller, Mr J Gamp, at the address below or email him at johnkamp@grenhosp.org.uk.

Data Protection Act 1998

The University of Portsmouth is a data controller in terms of the 1998 legislation. The Student Finance Centre follows University policy in matters of data protection. The data requested in this form is covered by the notification provided by the University under the Data Protection Act. Personal data will be used solely in the Centre for statistical purposes and electronic record keeping. The data will not be passed to any other third party without your consent, except when the University is required to do so by law. All data concerned with this application will be kept for a minimum of six years from the date of your last award or from the last application submission if unsuccessful. Any formal enquiries concerning the use of data noted here should be addressed to the Head of the Student Finance Centre.

Part 6: Bank / building society details

Name of bank or building society	<input type="text"/>	Office use only	
Sort Code	<input type="text"/>	Verified by	<input type="text"/>
Account number	<input type="text"/>	Date	<input type="text"/>

Part 7: Statement of need

Please specify why you need an educational bursary and how, if awarded, this will benefit your studies. Please include any special circumstances such as: serious family illness or disability, relationship breakdown, domestic difficulties which we should take into consideration when awarding the bursary. All additional sheets attached to this Statement of Need must contain the words "This is a truthful statement of my/our circumstances and charitable need." It must be signed by all parties concerned.

Please note: Quotes from this statement may be used anonymously in Greenwich Hospital marketing.

Part 8: Declaration - student

Terms and conditions

1. Bursaries are awarded at the discretion of the director of Greenwich Hospital, whose decision is final. Greenwich Hospital reserves the right to award or withhold bursaries in the light of your individual circumstances and the availability of charitable funding at the time.
2. Once you have been awarded a bursary, Greenwich Hospital will review all awards annually, subject to financial need and academic performance.
3. Greenwich Hospital reserves the right to withhold or withdraw a bursary if you fail to provide information required for the assessment, or should evidence emerge of undisclosed sources of income, capital or other relevant information.
4. Failure to complete the declaration and provide full documentary evidence will disqualify you from the award of a Greenwich Hospital bursary.
5. By making this declaration you agree that Greenwich Hospital may carry out checks on the validity of any information you have supplied, including home visits by Greenwich Hospital caseworkers or other staff.

I declare that :

1. The information supplied in this application is a truthful statement of my seafaring connection, total assets, income from all sources.
2. The statement of need is a truthful statement of my personal circumstances and charitable need.
3. I undertake to notify Greenwich Hospital of any changes which may affect the information declared on this form.
4. I have read and understood the Terms and conditions set out below.

I make this declaration conscientiously, believing the same to be true.

Your signature

Name (in capitals)

Date

Please return this form and all required evidence to:

Student Finance Centre
University of Portsmouth
Nuffield Centre
St Michael's Road
Portsmouth
PO1 2ED