Form SAF1

**STUDENT ASSISTANCE FUND**

1. **STUDENT DETAILS**

Student Name (as it appears on your student I.D. Card: (Use Block Capitals):

\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: Mobile Phone No:

1. **CONFIRMATION OF USE OF MONEY:**

I confirm that I have received to assist with payment of the following living expenses **(please tick one box only and provide relevant bill/receipt):**

Rent

For office Use only:

Checked by:

Inserted on CRM:

Payment Processed:

Childcare

Books/Academic Materials

Heat/Light/Food

Transport

Medical / Dental

1. **CONFIRMATORY DOCUMENTATION REQUIRED:**

**Please provide confirmatory documentation as applicable to you (choose from the list below and tick the relevant boxes:**

Confirmation of parents/guardians income (P60, P21 or payslip) □

Confirmation of applicants income (P60, P21 or payslip) □

Confirmation of Social Welfare payment to parents/guardians □

Confirmation of Social Welfare payment to applicants □

Original Bank Statement showing a least 6 weeks of current transactions □

Copy of Medical Card □

1. **CONFIRMATION**

I confirm that I have submitted the online HEA Profile Data form and that all the information given is true, complete and accurate in every particular and that assistance from other sources has not been received for the stated purpose/service, which is the subject of this application**. By signing this form I am consenting to the amount of being transferred to by Bank Account (details of which I have supplied on the HEA Profile Data Form.**

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

