

Date of Receipt (for office use only,		Acader	nic Ye	ear 202	4/25
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Application for financial assistance from the Liverpool Hope University Student Support Fund for undergraduate, PGCE and Masters **EU/International/Islands Students**

Important

- Support is limited and would be offered only in exceptional circumstances usually where an unexpected or unforeseen situation has arisen which you could not have anticipated.
 We are unable to assess applications for general support as we do not have the ability to confirm a student's income in the same way as we do for 'home' students.
- You must provide a letter of support from your department which confirms that they are aware of your difficulties and that you are of good academic standing. Please provide three months bank statements immediately prior to the date of application plus a copy of your tenancy agreement.
- Applications cannot be made to assist with the payment of tuition fees or day-to-day living costs as students must have made adequate provision before the start of the course to fund these costs.
- Statutory Data Protection Notice: For details about how we use the data you have provided please read the student privacy notice which can be found: www.hope.ac.uk/aboutus/governance/ generaldataprotectionregulations/privacynotices/
- Closing date is 30th May 2025 for undergraduate, and 27th June 2025 for PGCE and Masters.

PART 1: YOUR PERSONAL DETAILS

1. Your surname (in full):
2. Your first names (in full):
3. Your title (tick one box only): Mr Mrs Miss Other
4. Student ID number:
5. Are you an: EU student Islands student International student
6: Your full term-time address:

PART 2: COURSE DETAILS

7: Course title:				
8: Faculty/Department:				
9: Current Year of course (0*, 1, 2, 3, 4) *Foundation Year				

PART 3: BANK/BUILDING SOCIETY DETAILS

Name of Bank/Building Society	Sort Code	Account Number Roll Number						
Do you have an Interest Free Overdraft Facility Yes No How much Any award will be paid directly into the account stated above.								
PART 4: INCOME		PART 5: EXPENDITURE						
Please show your income monthly un	less specified	Please show your expenditure monthly	/ unless specified					
Grant		Rent						
Loan		Living costs						
Parental contribution		Travel to University						
Other (please specify)		Travel home						
		Study costs						
TOTAL INCOME		TOTAL EXPENDITURE						
Please make a personal statement exto be exceptional. (Please continue or		a are in financial difficulty and why you be ecessary).	elieve your situation					

PART 7: DECLARATION

PLEASE COMPLETE AND SIGN THE DECLARATION I declare that the information given on this form is correct and complete to the best of my knowledge and that I will inform the University immediately if there is any change in my circumstances. I understand that giving false information will automatically disqualify my application and may also lead to disciplinary procedures resulting in expulsion from the University. I further undertake to repay any grants obtained by me as a result. Your name (CAPITALS) Your signature Date If you are completing this form electronically, please make sure to save the document once completed. Please return the form by email to studentsupportfund@hope.ac.uk www.hope.ac.uk/gateway/students/studentlife/moneyadvice/

FOR OFFICE USE ONLY:	
Registration checked:	Date:
Processed by:	Date:
Approved by Student Finance Manager: (Mark Pringle)	Date:
Award:	