



Ireland's EU Structural Funds Programmes 2007 - 2013

Co-funded by the Irish Government and the European Union



2011/2012 UCD STUDENT WELFARE FUND APPLICATION FORM

Section A: Personal Details

Programme	Stage (e.g. 1,2,3 etc.)
	Year (e.g. 1,2,3) – only applies to Arts and Social Science students
Student Name	Student Number
Home Address	Programme must be of at least one year's duration leading to an undergraduate degree or postgraduate qualification. Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Term Address (if different)	Country of Birth
Mobile Phone number	Other phone number(s)
E-mail address (UCD Connect address)	Date of birth

Gender: Male Female

Age: Under 23 23-25

Over 25

Section B: Financial Supports e.g. Grant, Awards, Scholarships, etc

Local Authority Higher Education Grant

Are you in receipt of a Local Authority Higher Education Grant? (please tick)

Yes		No	
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If yes, please indicate the amount(s)

Fees (full or half)		Maintenance	€
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Are you in receipt of the Local Authority 'Top-up' grant?

Yes		No	
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If yes, please state the amount of Top-up

€

Total Amount of Grant received from these sources

€

Financial Support from UCD in 2011/2012 and all other Grants, Awards, Bursaries, Scholarships, Financial Supports, etc. (both public & private)

Have you received or are you in receipt of **any** financial support(s), grants, scholarships or bursaries from UCD in 2011/2012 or any agent(s) outside of UCD in 2011/2012 (please tick)

Yes		No	
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If yes, please provide details below:

If yes, please provide details below:			

Section C: Cause(s) of Financial Difficulty

Please tick whichever is most appropriate (you may tick more than one)

Bereavement

Illness

Accident

Unforeseen parental unemployment

Unforeseen unemployment (self)

Family Breakdown

Students who have family obligations

Other (please specify)

Section D: Purpose of Financial Assistance

Please tick whichever is most appropriate (you may tick more than one)

Rent/ Contribution to Home

Travel of an urgent or essential nature

Medical (please specify): _____

Lighting/ Heating/ Power

Books

Class materials

Compulsory Study Abroad

Food

Other (please specify)

Section E: Monthly Budget

This budget should be an accurate reflection of your monthly income and expenditure. Representative receipts must accompany your application

Income	Monthly Amount €	Expenditure	Monthly Amount €
Higher Education Grant (annual amount divided by 9)		Rent / Mortgage/ Contribution to home	
Scholarship/Bursary, etc. (annual amount divided by 9)		Food	
Contribution from parent(s)/ Spouse/ Partner/ Other		Light/heat/power	
Social Welfare payment		Travel of an essential nature	
Health Board payment		Childcare	
Bank Loans		Medical Expenses, e.g. doctor, dental, optical	
Borrowings		Books and other academic materials	
Part-time work		Compulsory study abroad	
Savings			
Other, please provide details		Other, please provide details	
Total Monthly Income	€	Total Monthly Expenditure	€
Monthly Shortfall	€		

Section F: Student Status

Please tick as appropriate:

Pre-Training Status (i.e. prior to UCD entry)	Please Tick One
Full time Education	
Employed (prior to commencing training/studies)	
Long-term unemployment (more than 12 months)	
Unemployed (less than 12 months)	
Not available for employment (more than 12 months)	
Not available for employment (less than 12 months)	

Pre-Training Educational Qualification	Please Tick One
No qualification	
Group Certificate	
Intermediate/Junior Certificate	
Leaving Certificate	
Third level Qualification-please give details	

Section G: Declaration

I understand that existing UCD records may be accessed in order to assist the processing of this application.

I certify that the information supplied is correct and complete. In accordance with EU (ESF) requirements I undertake to provide receipts to the Committee in respect of the above expenditure items.

*Signature of advocate: _____

Signature of applicant: _____

Date: _____

*Your advocate is the Student Adviser/Chaplain/SU Officer with whom you have discussed your application.



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EUROPEAN SOCIAL FUND



Not to be completed when making an application. To be completed only upon receipt of cheque

UCD STUDENT WELFARE FUND

2011/2012

Official Receipt

I acknowledge receipt of € awarded by
the Student Welfare Fund Committee as detailed below:-

Student Name: (Block Capitals)

Student Signature:

Student Number:

Date:

The Student Welfare Fund is funded by the Department of Education and Science under the National Development Plan 2007–2013, with assistance from the European Social Fund.

For Office use only

Funding Source

- ESF
- Private