

EUROPEAN UNION Investing in your future European Social Fund



Irelands EU Structural and Investment Funds Programmes 2014-2020.

Co-funded by the Irish Government and the European Union.



National College of Art and Design A Recognised College of University College Dublin

STUDENT ASSISTANCE FUND SESSION 2015/16

Please read these guidelines carefully, all applications must be fully completed. **THERE ARE TWO OPPORTUNITIES TO APPLY TO THE STUDENT ASSISTANCE FUND**:

Closing Date for Semester 1: Friday 30th October 2015 Closing Date for Semester 2: Friday 11th March 2016

You are required to submit original receipts/invoices for the full amount sought ie: Proof of Income, rent book, lease agreement, receipts for books/materials or travel receipts etc.

You must attach a bank statement to your application providing details of your IBAN and BIC account. This is required to verify bank details and payment may be delayed without this.

If you are in receipt of a SUSI, Back to Education or other income you must attach evidence of this for example a letter from Susi, Department of Social Protection or wage slip.

Please return your application form to: Finola Mc Ternan, Access Officer, Student Services and Admissions.

STUDENT NAME			
STUDENT ADDRESS	 	 	
MOBILE NUMBER			
COURSE AND YEAR			
STUDENT NUMBER	 	 	
STUDENT PPSN	 	 	



I wish to apply for assistance for the following (please identify the specific purpose/service for which assistance is requested. Under this scheme, receipts must be provided and these, or copies, will be retained for eventual ESF audit.

• YOU MUST CHOOSE ONE CATEGORY OF ASSISTANCE ONLY FROM THE CATEGORIES LISTED BELOW.

• ENSURE THAT YOU HAVE PROVIDED A RECEIPT/PROOF OF PAYMENT IN SUPPORT OF YOUR APPLICATION.

Category	Amount of assistance	Receipts Attached -	For office use
	Requested	please give details	
Books/Materials			
Rent			
Electricity/Gas			
Transport			
Medical Expenses ie:			
Doctor/Dentist			
Compulsory Travel Abroad			
Expenses associated with			
family breakdown			
Expenses associated with			
bereavement			
Expenses associated with			
accidents			

Supporting statement (attach extra sheet if necessary):

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Student's Income (original supporting documentation must be provided)

	Yes	No	MONTHLY AMOUNT
SUSI grant			€
Back to Education Allowance (BTEA) What social welfare payment were you in receipt of prior to transferring to the BTEA?			¢
One Parent Family Payment			€
Family Income Supplement			€
Child Benefit			€
Widow's/Widower's Pension			€
Disability Allowance			€
Carer's Allowance			€
Bereavement Grant			€
Financial Assistance from own Family			€
Scholarships/Trusts/Grants			€
Earnings from employment (P60 or wage slip to be provided)			€

Student's Tuition Fees Arrangement in 2015/16:

Free Fees Scheme	
EU fees	
Non-EU fees	

Have you been allocated Student Assistance Funding in a previous academic year?

Yes	
No	

If Yes, please tick the previous academic year(s) in which an allocation was made

2011/12	2012/13	2013/14	2014/15	Last Semester 2015

4

Are you repeating this year (Yes/No)	
Have you been approved for a maintenance grant?	
If Yes, indicate type of grant approved:	Adjacent
	Non-adjacent
Have you been approved for the special rate of maintenance grant	
(Yes/No)	
Indicate the month in which the first grant payment was received	
in the 2015-16 session	

Are you in receipt of any bursaries, scholarships or grants, other than the maintenance grant in the 2015-16 session?

If Yes, please indicate [tick box(es) as required]	Yes / No
Donagh O' Malley Scholarship	
All-Ireland (McManus) Scholarship	
DES Gaelteacht Scholarship	
Other DES Scholarship	
Bank of Ireland Millennium Scholars Trust Scholarship	
Other Bank Scholarship	
Credit Union Scholarship	
Trade Union Scholarship/Grant	
Sports Scholarship	
Society of St. Vincent de Paul Grant	
Other Scholarship/Grant	

Have you engaged in part-time work in 2015-16 session?

Yes – up until exams	
Yes – for some of the year	
No	

Are you a participant on any of any support programme operated by NCAD?

	Yes / No
If Yes, please indicate	
Access Scheme	
Disability Support Service	
Childcare Support Fund	



Do you have dependent children?

Yes No

If Yes, please indicate the number

1-3	
4-7	
8+	

Indicate the number of dependent children in full-time further or higher education

0	
1-2	
3-4	
5+	

Are you of independent means (i.e. no support from parent(s) /guardian(s))

Yes No

If No, is one or both of your parents or guardians in receipt of a social welfare payment?

Yes	
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No

Indicate living arrangements in the 2015-16 session

Living in parent(s)/guardian(s) home	
Living in own home	
Rented accommodation /student residence	

The following details are required for statistical purposes by the Student Support Unit, Dept. of Education & Skills.

PLEASE COMPLETE THE FORM BELOW BY TICKING THE RELEVANT BOXES:

Male	
Female	
Age	
17 – 24	
25 - 64	

6

PRIOR TO STARTING NCAD COURSE WERE YOU...? Please tick as appropriate

In Full Time Education

Long-term unemployed (more than 12 months)

Unemployed (less than 12 months)

Employed

Not available for employment (more than 12 months)

Not available for employment (less than 12 months

PRIOR TO STARTING NCAD COURSE HAD YOU....? Please tick as appropriate

No qualification

Primary/lower secondary education

Upper secondary education

Post-secondary non-tertiary education

Tertiary education (below Level 10)

ALL INFORMATION PROVIDED IS PRIVATE AND CONFIDENTIAL

How did the applicant first become aware of the Student Assistance Fund?

Student Orientation and Induction	
Student handbook	
Students Union	
College website	
www.studentfinance.ie	
Access Office	
Student Services personnel	
Lecturer/tutor	
Other	

I, Signature of Student

Confirm that all of the information that I have provided here is true, complete and accurate and that assistance from other sources has not been received for the stated purpose/service that is the subject of this application. Furthermore I confirm that this award will be used for the purpose/service that is the subject of this application.

Date of Application to Fund: ____

FOR OFFICE USE ONLY:
Approved
Not approved
If approved for SAF, date of first payment
Signed: