



St. Angela's College, Sligo
Coláiste San Aingeal, Sligeach



NUI Galway
OÉ Gaillimh



EUROPEAN UNION

Investing in your future
European Social Fund



Ireland's European Structural and
Investment Funds Programmes
2014-2020

Co-funded by the Irish Government
and the European Union

HEA

HIGHER EDUCATION AUTHORITY
AN tÚDARÁS um ARD-OIDEACHAS



Student Assistance Fund 2020/2021

The Student Assistance Fund (SAF) provides financial support to students who are experiencing short or long-term financial difficulties while attending higher education. The SAF is co-funded by the Irish Government and the European Social Fund as part of the ESF Programme for Employability, Inclusion and Learning 2014-2020. The Fund is intended to support students whose participation in higher education would otherwise be at risk as a direct result of financial difficulties.

Support from the Financial Aid Fund takes into account a student's financial situation and other personal circumstances. A standardised assessment system is used to determine eligibility for funding. A Welfare committee assesses the applications and awards funding. Support for students depends on the size of the fund available, the number of applications and the circumstances of the applicants in any given year. **Please note that NO assistance can be provided to cover Fees or loans.**

Closing dates for application to the fund are Wednesday 28th October 2020 / Thursday 28th January 2021.

- You may apply once to the Fund in 2020/2021 –or more than once if your circumstances change**
- You may appeal the decision of the Student Assistance Fund Committee by emailing safappeals@stangelas.nuigalway.ie. The outcome of the appeal is final.

**For more information contact Una Roberts Student Services Officer
Phone 9195514 or email uroberts@stangelas.nuigalway.ie**

If this is your first application to the Student Assistance Fund, please make an appointment to meet the Student Services Officer Una Roberts. Please bring the form with you to the meeting.

When Submitting this form please ensure the following:

All appropriate sections of the form are complete

Please provide documents relevant to your application - please tick the relevant boxes:

1. Your own documents (required from all students):

- Your recent Bank Statement showing at least 6 weeks of current transactions
- Receipts for expenses claimed in your application e.g. Rent, Books/Academic Materials, Childcare, Heating/Electricity receipts

Please note only the costs of attending/studying for your college course will be considered

2. Evidence of your Parents/Guardians income (if applicable):

- Confirmation of parents'/guardians income (P60, P21 or payslip)
- Confirmation of Social Welfare payment to parents/guardians

3. Evidence of your own student income (if applicable)

- Copy of your Medical Card
- Evidence of your SUSI grant
- Confirmation of student's own income (P60, P21 or payslip)
- Confirmation of student's own Social Welfare payment
- Confirmation of **student's own** mortgage

4. Evidence of spouse/partner's income (if applicable)

- Spouse/partners income details OR social welfare payments

Part 1 Student Assistance Fund Application: Student Profile

1. Name: _____ Student Phone no...: _____
2. Personal email address (not student email) _____
3. Home address: _____

4. Term address: _____
5. Course: _____ Year of Study: _____
6. Date of Birth: _____ Age _____ Gender: Male Female
7. Student I.D. No.: _____
8. Are you registered with the Disability Office Yes No
9. Are you a member of an ethnic minority group: Yes No
Have you a foreign background (self/parents not born in Ireland or N Ireland): Yes No
Are you a migrant (non-national permanent resident in Ireland) Yes No
10. Before the academic year 2019/2020, were you (Please tick one box ONLY as appropriate):
In education or training e.g. Leaving Cert or in College (up to May/June 2019)
Registered Long-term unemployed (continuously unemployed for 6 months if you are under 25 years or
for 12 months if you are over 25 years)
Registered short term unemployed (continuously unemployed less than 6 months if you are under 25 years or
for less than 12 months if you are over 25 years)
Employed or Self Employed
Not available for employment / not in education or training
11. Educational Qualifications to date (Please tick your highest level of education up to September 2019):
Intermediate / Junior Certificate level 3.....
Leaving Certificate level 5
Post-secondary education level 5/6 e.g. PLC/QQI course (Fetac)
Third level education level 7-10 (completed one year study or more)

Please note: Personal Data

Personal data collected as part of the application process may be processed for the purposes of coordinating, monitoring and evaluating the operation of the Fund and to comply with European Union requirements. This data may include personally sensitive data (q 6-11) where you choose to share that data. Your data may be shared with ESF third parties for the purpose of monitoring and reporting on European Social Fund co-financed activities.

Do you consent to share your personal data, including personal sensitive data (data from q 6-11), for the purpose of monitoring and reporting on European Social Fund co-financed activities, as stated above?

Yes No

Do you consent to the College contacting you via your College email / personal email 4 weeks/6 months after you graduate/leave your course for this purpose as stated above?

Yes No

Signature: _____

Date : _____

Part 2 Student Assistance Fund Application: Applicant eligibility details

1. (a) Is this your first application to the Student Assistance Fund in 2020/2021 Yes No
2. (b) In what academic year did you first apply to the fund 16/17 17/18 18/19 19/20 20/21
3. Are you a registered full time student in St Angela's College Yes No
4. Are you a registered Part time student in St Angela's College Yes No
5. Please tick the appropriate box to indicate the category of student which applies to you:
Undergraduate (full time or part time): Postgraduate (full time or part time) 5th year PME student

6. What is your current Tuition Fee Arrangement?

Free Fees Scheme EU Fees

7. Please tick all the categories that apply to you:

Are you a HEAR eligible student	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a DARE eligible student	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you registered with the Disability Office	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you enter the college via the Access course	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you enter the College via the Further Education route	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a Mature Student (23+ when starting your course)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a member of the Travelling/Roma Community	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a Medical Card	Yes <input type="checkbox"/>	No <input type="checkbox"/>

8. What are your living arrangements for 2020-2021

Rented accommodation for College

Living in parent(s)/guardian(s) home (non-commute)

Living in parent(s)/guardian(s) home (commuting)

Living in own home with mortgage

None of the above

Are you (please tick the appropriate box)

Single – no dependents <input type="checkbox"/>	Married/Living with Partner <input type="checkbox"/>
One parent family <input type="checkbox"/>	Married/Living with Partner and dependants <input type="checkbox"/>

9. People in your household

Are you a dependent student (receive financial support from parents/guardians) Yes No

Are you of independent means (no support from parent(s)/guardian(s)) Yes No

If you are under 23 years, please explain why you have no family support _____

10. Do you have other brothers and sisters? Yes No Ages (if under 23): _____

11. Are any of your family in fulltime 3rd level education?

None (just myself) One Two Three or more

12. Is your family headed by a lone parent? Yes No

13. Students who are parents:

If you yourself have dependent children, please state the age of each child: _____

How many of your own dependent children are in full-time further or higher education: _____

Part 3 Student Assistance Fund Application: Income Details

14. Sources of funding/income

Do you receive any funding/income from any of the following sources? Please provide evidence of all income. (Where there is income from casual work a best estimate over the 12 months' period is acceptable).

	Weekly or Monthly (please specify)	Annual Income (per year)
Susi Maintenance Grant	€_____ per Month	€_____
Any other Scholarship or Fellowship	€_____ per week/per month	€_____
One Parent Family Payment	€_____ per week/per month	€_____
Back to Education Allowance (BTEA)	€_____ per week/per month	€_____
Disability Allowance	€_____ per week/per month	€_____
Carers Allowance	€_____ per week/per month	€_____
Rent Allowance	€_____ per week/per month	€_____
Orphans Allowance	€_____ per week/per month	€_____
Other Social Welfare	€_____ per week/per month	€_____
Income from savings	€_____ per week/per month	€_____

Student's Income from Work €_____ per week/per month – average income

What is your job? _____

How many hours weekly (average) _____

Do you have a bank/Credit Union loan Yes No

Amount of loan €_____ Repayment amount monthly €_____

11. Household income details – NET income details

NET income of parents/guardians; partner; spouse – this is your income after tax has been paid.

Income includes funds from work, pensions, social welfare. Please note you need to supply evidence of household income e.g. parents P21/P60/Payslip/Social Welfare receipt as relevant.

Total NET yearly parents'/guardians income (if you are a dependent student) €_____

Spouses/Partner NET income (if relevant) Yearly income €_____

- Please enter the College related expenses for which you are requesting financial help - Please note only the costs of attending/studying for your college course will be considered

12.

Purpose	Receipts provided	Total
Rent		€
Books/Academic materials/equipment		€
Transport		€
Heating/Lighting/Food		€
Childcare costs		€
Medical/Dental expenses		€
Other Exceptional or urgent Expenses: please explain in q13 overleaf		€



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13. If you are, or have been, affected by any serious circumstance, e.g. parent/guardian ill-health, serious family financial difficulties, family breakdown, bereavement, accident, personal health problems, estrangement from family, or other issues that seriously impact on you, please outline briefly below.

If you are a dependent student, please state if your family is a one parent family or briefly state any other circumstances which cause financial difficulties for you.

I confirm 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

Yes No

Signature: _____ Date: _____

1. If you require assistance filling out this form please contact **Una Roberts at Student Services 071 9195514** uroberts@stangelas.nuigalway.ie
2. **When you have completed the form please make an appointment to meet the Student Services Officer to discuss your application.**
Please have your form and documents with you for this meeting.

Data protection information

Please visit the St Angela's website at the following link for Privacy Statement St Angela's College <http://elearning.stangelas.nuigalway.ie/login/index.php>



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