



Financial Support Application

Office Use Only - AWARD INFORMATION		Number of days:		Distance from college in miles:		PI
Date received	Bursary £	FCM £	Kit £		16-18/19-25 EHCP	
Date Assessed	Childcare £	System 1 £	College Bus £		19+	
Withdrawn	Declined Over threshold	Insufficient funds	Lives too close		19+ Loan	

Forename		Student Number
Surname		Age on 31st August 2025
Course:		

- **Please complete the checklist below.** Full guidance notes at www.hopwood.ac.uk
- Return your completed application form, **in person (postal or email applications are not accepted)**, to the College Reception on either the Rochdale or Middleton Campus.
- Applications will not be accepted unless **ALL** the required evidence is provided in hard copy.

Application checklist

I meet the financial eligibility of a household income below £35,000
(If you are 19+ it is YOUR income if living alone or with your parents, or household income if living with partner) - Please refer to income details on pg 2.

I have attached **ALL EVIDENCE** required to support the application

I have completed **ALL** sections, answering all questions in full

I have read and signed/dated the declaration

Deadlines for submitting financial support applications

The priority deadline for both returning and new learners funding is the **1st August 2025**.
Applications submitted after the 1st August can take up to 8 weeks to process.

Household Details & Residential Status

Who do you live with? (Please tick)

Parent(s) (Mother/Father)	Legal Guardians	
Alone	Spouse/Partner	Family
Other (Please specify)		

Do you have an Education, Health and Care Plan (EHCP)?

Yes No

Do you have access to a laptop or computer at home?

Yes No

Do you have access to the internet from home?

Yes No

Number of children in household ages 0-18

0 1 2 3 4 5 6 or more

Student Bank Details

(This must be the student's account details)

Full name of account holder:

Name of bank/building society:

Sort code:

Account number:

Bank details required for payments to be made in the event of college closure or cashless system failure. Payment received will be paid onto your student card.

Income Details

If you are living with a parent/guardian and are 19+ we need to know **YOUR** income. If you are 19+ and live with a spouse/partner we need to know the **HOUSEHOLD** income.

If you are 19 and starting the 2nd year of a level 3 course or you are 19-25 and have an Education, Health and Care Plan (EHCP), you will need to provide evidence of your **PARENTS/GUARDIAN** income.

Please see additional evidence sheet to support you with providing the correct evidence.

If you are 16-18, live independently or with anyone other than parents/guardians. Please tick if any of the following options apply to YOU, THE STUDENT WHO IS AGED 16-18

I the student am in care/care leaver.

I the student receive Income Support/Universal Credit.

Please provide your most recent letter issued within the last 3 months showing that YOU receive this benefit.

I the student receive Disability Living Allowance/Personal Independence Payment & Employment Support Allowance/Universal Credit.

Please provide your most recent letter issued within the last 3 months showing that YOU receive this benefit.

Please see additional evidence sheet to support you with providing the correct evidence

Please choose from the following options if required:

Option A: I will be using the college bus service, using an Our Pass or making my own way.

Option B: I would like the College to buy my System One Travel bus pass or if ineligible support me with travel costs.

Option C: I am aged 26 and over and I would like the College to buy my System One Travel bus pass and I confirm that I have registered with System One Travel at **www.systemonetravel.co.uk/user-login** and have inserted my registration number in the box above.

Option D: I live out of the area and need support with my travel.

Declaration (Please Read Carefully)

I declare that particulars given in this application and evidence provided are a full and correct statement to the best of my knowledge and belief.

All taxable income sources are disclosed and evidenced. I understand that giving false information may lead to legal action being taken against me to recover monies paid and that may jeopardise any continuing payments from this and any subsequent application I make. I agree to provide additional information, if requested, to substantiate my application.

I will inform a member of staff at Reception if any details on this form change such as telephone numbers, addresses or income. I will inform a member of staff at Reception if I change my course of study and if I do not keep to my learning agreement or leave the course. This will ensure that I do not have to return any payments made that I am not eligible for.

Hopwood Hall College uses the information provided in this application in order to assess your eligibility for funding and for the purpose of administration of your course. Information may also be shared with other bodies who administer public funds and in compliance with legal statutory obligations.

Hopwood Hall College has a duty to protect the public funds it administers and as such may use the information you have provided on this form for the detection and prevention of fraud. By signing this declaration you consent to your information being processed for these purposes.

Any data held by the college is done so in accordance with the Data Protection Act 1998 and the General Data Protection Regulation (GDPR). For further information see the Hopwood Hall College's Privacy Policy - www.hopwood.ac.uk/about/reports-and-policies.

Where a payment was not authorised due to attendance this can be made the following week once the register in question is amended. Registers can only be amended within seven days, by the tutor responsible for that lesson and with sufficient evidence that the absence complies with the attendance policy. Students are advised to check their registers regularly using Promonitor.

I understand that payment will only be made if my attendance is 90% or above (including English, maths, PACE and Directed Study time) each week, however the college expects me to attend 100% each week to successfully complete my studies.

The financial support is operated by a cashless system and is to be used for travel to and from college, kits, stationery and for food whilst studying at Hopwood Hall.

By signing this declaration you are consenting to the college contacting you, with regards to your bursary, via email, telephone, text and letter.

You are confirming that the bank details provided can be used for any BACS payments in the event of a college closure or a cashless system failure.

You confirm that you understand that the payments you receive will be paid onto your student card.

You also confirm that you have read and understood the guidance notes 25/26 - scan the QR code for for full details:



Student Signature:

Print Name:

Date:

Additional Information

Please add any additional information to support application

OFFICE USE ONLY

INCOME TYPE	EVIDENCE REQUIRED	OFFICE USE
NASS	ARC Card/official letter	Evidence seen
Working Tax Credits	Full Tax Credits Award Notice 24/25	£
Child Tax Credits	Full Tax Credits Award Notice 24/25	£
Income from Employment/Self Employment	P60 or Tax Return April 2025 or 3 months wage slips	£
Income from Benefits (JSA/ESA/Income Support)	Letter confirming benefit dated in last six months	£
Pension/Pension Credit	Letter confirming details dated last six months	£
Universal Credit	3 months full statements	£
Carers Allowance	Letter confirming details dated in the last six months	£
Housing Benefit	Letter confirming details dated in the last six months	£
Other		£
Bank statements to support evidence of income if up-to-date documents cannot be provided.	3 consecutive bank statements dated within last six months	£
		Total Income £

(Evidence of total income must be provided to support a household/individual income under £35,000)

I confirm that I have seen and verified the above evidence to support this application and a discussion has been had with the learner regarding their financial needs while in college.

SCSA Date

Office Use			
Funds Needed		Refunds	
Meals		Kit	
FCM		PSG Kit	
Travel		Our Pass	
Kit		Please attach receipt	
Equip			
Trips			

CHECKED AND INPUT

SCS Assistant Signature:

Date:

