







HE Hardship Fund Application Form

For students who are in receipt of Student Finance England maintenance loan

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Please ensure that all sections of this form are fully completed and that the relevant evidence is supplied as we are unable to process incomplete forms.

The funds awarded may vary according to your financial circumstances and please note that bursary funds are limited and are not guaranteed.

Funds will be awarded on a first come first served basis. Assistance from the HE Hardship fund is dependent upon your attendance, behaviour and commitment to your course.

Funding is limited, therefore, evidence of eligibility does not guarantee award. Should availability of funds reduce, then support for learners will be limited or ceased.

Date Received D /	M M / Y Y Y Learner ID					
1 Personal Details						
Surname						
First Name						
Title	Mr Mrs Miss Ms Other (Please specify)					
Date of Birth	D D / M M / Y Y Y					
Age on 31st August 2025						
2 Contact Details						
Contact Number						
Email Address						
Course						
Year of Study	1 2 3 4					
Type of Study	Full Time Part Time					
Where is Your Course Based?	Rotherham					
	North Notts (Worksop) North Notts (Retford Post 16)					
	Dearne Valley					
	Other site					
What is your Nationality	UK EU/EEA (please enclose evidence) Other					
What is your Current Immigration Status in the UK? You only need to complete this if you answer 'other' to the above question (tick one) Please enclose evidence						
	Asylum Seeker Discretionary Leave to Enter/Remain					
	Leave to enter as a student Refugee					
	Exceptional Leave to Enter/Remain Leave to enter as a visitor					
	Humanitarian Protection Indefinite Leave to Enter/Remain					
	Leave to enter to accompany spouse/parent					
3 DSA Laptop Support						
	If only requesting DSA laptop payment, please proceed to Section 7 Learner bank details.					
	DSA Laptop support only DSA Laptop support plus hardship request					





4 Living Arrange	ments		
Who do you live with duri Please provide details of e		h. (including hou	isemate, partner, any children and other members of your family where applicable).
Name			Relationship to you
Name			Relationship to you
Name			Relationship to you
Do you have any child dep If yes, please provide detail			nancially dependant on you?
Please tick	Yes	No	
Name			Age
Name			Age
Do vou have any adult de	pendants living witl	n vou who are al	so financially dependant on you?
If yes, please provide detail			
Please tick	Yes	No	
Name			Age
Name			Age
5 Employment St	atus		
Are you employed?			
Please tick	Yes	No	
6 Reasons for Ap	plying for Fina	ncial Suppo	ort
Why are you applying for			
		xpected financial	I hardship and the unforeseen costs you have incurred ie. travel, accomodation, living
	nses. Any information	on relating to spe	ecial categories of data such as health, race, religion etc. should be discussed directly
with a member of the stud	ient finance team in	the first instance	2.

6 Reasons for Applying for Financial Support Continued								
Please explain how you have tried to reduce your outgoings to ease your current financial hardship. Your budget will help you do this.								
Use this space to include any other information you feel is relevant to support your application.								

6 Budget							
Income		Monthly		Yearly			
Maintenence Loan	£	£					
Employment	£	£					
Other Income		£	£				
Total Income		£	£				
			1				
Summary of Expenses		Monthly		Yearly			
Total Expenditure		£	£				
Total Income		£	£				
Balance (total income minus total	al expenditure)	£	£				
The following evidence is requi	red to assess your eligibility:						
Three months most recent bank the student's name	Proof of household income - if partner or parents are working this evidence needs including such as three consecutive wage slips or						
Finance breakdown letter (from	alternatively -proof of benefits. For partners who are also students we need to see their breakdown						
Proof of rent or mortgage payme	ent	Benefits – proof to be provided of any benefits					
7 Learner Bank Accou	nt Details						
We can only make payments to	our learners directly						
Full name of account holder							
Name of Bank/Building Society							
Sort Code	Account Number						
8 Learner Declaration							
By signing the box below:	I certify that the information in this application is true and accurate .						
	I accept that if I have intentionally given incorrect, misleading information or if I withdraw from my course early, I may be liable to repay any amount paid to me or on my behalf in full immediately.						
	I understand that if my attendance level drops below College attendance target my support may be reduced. If I withdraw from College I may be liable to repay any money paid to me or on my behalf.						
	I understand that if I fail to repay any incurred debts to the College, I may be excluded from College and that the College is entitled to withhold any examination results or qualifications until such debt is discharged.						
	I understand that whilst I am applying for the bursary, it is my responsibility to immediately inform the Student Finance Team of any changes to my financial circumstance.						
	I understand it is my responsibility to declare all support I receive from the RNN Group Bursary Fund to the Department of Work and Pensions.						
Signed Learner							
Date	D D / M M / Y Y Y						

Please ensure that all sections of this form are fully completed and that the relevant evidence is supplied as we are unable to process incomplete forms. If you need any support in completing this application, please contact Student Services.

9 Privacy and Data Protection Accountability Statement

Responsible Body: RNN Group

Purpose: To validate the details you have provided against your enrolment and to assess your eligibility for financial support

Lawful Basis: Contract and legal obligation

Recipients: Data will not be transferred to third parties except where a legal obligation exists or that it is required for the Group to perform its duties

 $\textbf{Rights:} \ \mathsf{Access}, \ \mathsf{rectification} \ \mathsf{and} \ \mathsf{objection}$

Additional Information: More information in regards to the RNN Group's accountability and transparency framework can be found at **www.rnngroup.ac.uk/IG**

The RNN Group may use your name and email address to inform you of our future offers and similar products or services. This information is not shared with third parties and you can unsubscribe at any time.

10 Staff Use Only							
Please tick if evidence has been	en seen (S) and/or retained (R)						
DSA Confirmation Letter							
Maintenance Loan	S R Loan Confirmation Letter S R Household Income Evidence as Above						
DSA Confirmation Letter							
Panel decision to award financi	Yes No						
	Reason For Decline						
Assessed By							
Date							
LSF Applicant Type	HE Hardship Fund						
End of Term Grant							
Lone parent not working							
Couple with children (neither wo							
Couple without children (neither							
Individual living independently							
Individual living independently a	at home						
£200 DSA Laptop Grant							
Diago Tiek Bolow When Comp							
Please Tick Below When Comp	App on ProSol Funding Allocated Approved Text Sent Letter/Email Sent						
	Scanned						
Notes							