

Crèche Bursary 2011/12

Application form for assistance with crèche fees.

Please return forms to:

Student Services, University of Wales Trinity Saint David, Carmarthen Campus, SA31 3EP

Help with filling out the form is available from Student Services

SECTION A: Your Personal Details

| | |
|---------------------|--|
| Title | |
| Full Name | |
| Date of Birth | |
| Student Number | |
| Address (Term Time) | |
| Contact Number | |
| Email | |

SECTION B: Course Details

| | |
|--|--|
| Campus | |
| Course Title | |
| Full time / Part time | |
| Year of Course (please note if repeating) | |
| Have your Tuition fees been paid? | |

SECTION C: Bank Details

Please write clearly to ensure payments can be made accurately

| | | | | | | | |
|----------------|---|---|--|--|--|--|--|
| Bank | | | | | | | |
| Sort Code | - | - | | | | | |
| Account Number | | | | | | | |

SECTION D: Grants / Loans

Please provide a copy of your financial notification

SECTION E: Funding

Do you receive funding from any other source? e.g. Parental Support/ Private scholarships / Trust fund / Childcare tax Credits

Yes

No

Please give details:

SECTION F: Your Dependents

Are any adults/children financially dependent on you?

Yes No

Name:

Age:

Relationship:

Do they live with you?

SECTION G: Crèche usage

Please tell us how many days your child attends the University crèche:

SECTION H: Student Declaration

- I confirm that all the information on this form is correct. I understand that giving false information may lead to rejection of my application and steps being taken to recover any payment made to me from the Scholarships & Bursaries fund. I understand that for administrative purposes my information will be held on a database.
- I have enclosed the relevant documentation as requested and understand that if an item is missing or incorrect, my application may be delayed or rejected.
- I accept that the committee reserves the right to request further information from me or clarification on the information supplied.
- I will inform you immediately of any changes to the information provided.

Print Name:

Signature:

Date:

Please return your completed application form to:

**Delyth Lewis, Student Services,
University of Wales Trinity Saint David, Carmarthen Campus, SA31 3EP.**

Telephone: 01267 676830

| Office Use only | | | |
|-----------------|----|-----|-------|
| Evidence: | SL | B/S | Other |
| | | | |
| | | | |