

LETTERKENNY INSTITUTE OF TECHNOLOGY

APPLICATION FORM FOR FINANCIAL SUPPORT 2020/2021 (Form A)

**PERSONAL DETAILS**

Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male □ Female □ D.O.B.

Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you or your parents medical card holders? Yes □ No □

Are you in receipt of SUSI Yes □ No □

Did you receive the Students Assistance Fund previously? Yes □ No □

* A complete guide for students is available at [www.studentfinance.ie](http://www.studentfinance.ie) .
* Please refer to ESF data protection regulations regarding possible sharing of your data.

BANK DETAILS

IBAN:

BIC:

**Please submit proof of your bank account, e.g. statement or bank letter with the number of your account**

**Privacy Notice**

LYIT values your privacy and recognises the need to process your personal data in a fair, transparent and lawful manner in accordance with the legal obligations as set out in the General Data Protection Regulation (GDPR) and the Irish Data Protection Act 2018.

LYIT’s detailed student privacy statement is available at [www.lyit.ie/Student-Hub/Administration-Services/Data-Protection](http://www.lyit.ie/Student-Hub/Administration-Services/Data-Protection)

Please state why you are seeking assistance:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Please demonstrate financial support required per month:

|  |  |  |  |
| --- | --- | --- | --- |
| Monthly Income | Amount | Monthly Expenditure | Amount |
| Grant |  | Rent |  |
| Parents |  | Travel |  |
| Part time Job |  | Food |  |
| Other |  | Books |  |
|  |  | Bills |  |
|  |  | Childcare |  |
|  |  |  |  |
| Total Income | | Total Expenditure | |
| Different between both: | | | |
| Therefore total applied for is: | | | |

Financial documentation in support of your application may include:

**Letter from landlord stating how much rent you are paying/rent book**

**Oil/coal receipts**

**ESB, Phone receipts**

**Food receipts, Book receipts, Travel, e.g. petrol/diesel receipts or bus tickets**

**Medical or childcare bills**

The Student Assistance Fund is co-funded by the Irish Government and the European Social Fund under Ireland’s European Structural & Investment Funds Programme 2014-2021.

**Declaration:** I declare that all the information given is true, complete and accurate. Assistance from other sources has not been received for the stated purpose/service, which is the subject of this application.

**SIGNED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Application:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send completed applications to [thecurve@lyit.ie](mailto:thecurve@lyit.ie)

**Decision on SAF application: Approved □ Not approved □**

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Brian Mc Gonagle Fr. Liam Boyle Welfare Officer, SU