POSTGRADUATE support scheme - EXPRESSION OF INTEREST

Full Name

Student ID (7 digits). Falmouth University students only

Proposed Postgraduate Course

Contact email address

Contact postal address

Please tell us a little more about your circumstances:

Have you received a Maintenance Grant in academic year 2014/15? **Yes / No**

*If you are not a Falmouth undergraduate please enclose a copy of your*

*Student Finance entitlement letter for 2014/15.*

Have you received a university bursary in academic year 2014/15? **Yes / No**

*If you are not a Falmouth undergraduate please enclose a letter from your*

*university confirming this award.*

Do you expect to receive Disabled Student Allowance in 2015/16? **Yes / No**

Do you have children for whom you’re financially responsible? **Yes / No**

Are you the first in your family to progress to postgraduate study? **Yes / No**

What was your home town/area at the point of applying for your undergraduate course?

Are there any other factors you wish for us to consider?

**Declaration**

In applying for the Postgraduate Support Scheme, I understand and accept the following conditions associated with the Bursary:

* I understand that if I withdraw, transfer or intermit my studies, I must inform the Bursary Team at the earliest opportunity and I may be required to repay the award.
* If asked, I am happy to be contacted by Falmouth University Brand Communications PR and Marketing teams, for feedback on the PSS. This feedback may be used for marketing and promotional purposes.

Name

Signed

Date

Please return this form to:

The Bursary Team, Falmouth University, Woodlane, Falmouth. TR11 4RH

**For Office Use Only:**

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| --- | --- |
| HHI for 14/15 as per HEBSS: | ………………………………………………………………………………………….. |
| Other WP criteria met: | **Yes / No** if yes: ……………………………………………………………… |
| Academic decision needed? | **Yes / No** if yes: ……………………………………………………………… |
| Decision | ………………………………………………………………………………………….. |