**CONFIRMATION OF STUDENT STATUS**

## Please complete in BLOCK CAPITALS and return this form along with your application form by 31/10/23

# **Please note that the Grant application cannot be processed without confirmation of your attendance at your university/apprenticeship**

**Student Surname**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student First Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Qualification** \_\_\_\_\_\_\_\_

**Start Date: Expected date of completion:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Year of Study 2023/24**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Is this a Gap Year** **Yes / No**

**Student Term Time Address** **Student Home Address**

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

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*To be completed by a Tutor/Staff member of your educational establishment or workplace.*

# **I can confirm that the student named above is currently a student of this University/College or is undertaking an eligible apprenticeship.**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Contact telephone number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**: **Date**:

**Please provide a University/College Stamp below** 