**KELLOGG COLLEGE FINANCIAL ASSISTANCE AND WELLBEING FUND**

**APPLICATION FORM**

Kellogg College Financial Assistance Fund (CFAF) exists to assist students facing unexpected hardship who, with some assistance from the Fund, will be able to complete their studies. The maximum amount that can be awarded is £1,000 with most awards being lower than the maximum to ensure that awards from this limited fund are equitable and inclusive.

Suspended students are not eligible to apply, nor are postgraduate taught students who are out of fee liability.

Applications will be considered monthly; and exceptionally in financial emergencies.

If you are applying for the University’s [Oxford Assistance](https://www.ox.ac.uk/students/fees-funding/assistance/hardship/ohf) Fund (OAF) you do not need to complete this form as the College will base its decision on completion of the separate forms available for those funds. You can obtain applications forms on request by email to [student.funding@admin.ox.ac.uk](mailto:student.funding@admin.ox.ac.uk)

Kellogg College also provides Disability Funding.

Please indicate type of Funding and email completed form or any questions to [academic.office@kellogg.ox.ac.uk](mailto:academic.office@kellogg.ox.ac.uk)

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| **TO BE COMPLETED BY THE STUDENT**  By filling in the form, you have given permission for the information provided therein to be shared with members of and other Kellogg officers serving Kellogg's Financial Assistance Committee. All information will be handled confidentially. |
| **Section 1: TYPE OF FUNDING** |
| **Type of Funding:** Financial Assistance - Complete Section 1, 2, 3, 4, 5, and 8  Disability and Wellbeing - Complete Section 1, 2, 3, 4, 5 if applicable 6, 7, and 8 |

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| **Section 2: PERSONAL DETAILS** | | | |
| Title | ​​☐​ Mr     ​☐​ Ms    ​☐​ Miss    ​☐​ Mrs   ​ ​☐​ Other (please specify) | | |
| First name |  | Preferred name |  |
| Surname / family name |  | | |
| University email address |  | Student number |  |
| Fee Status | ​​ ​☐​  Home         ​☐​  EU               ​☐​ Overseas              ​☐​ Islands | | |

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| **Section 3: COURSE DETAILS** | | | | | | | |
| Mode of study | Full time  Part time | | | | College | Kellogg College | |
| Course title (including award, e.g., DPhil History) | | |  | | | | |
| Faculty/department | | |  | | | | |
| Start date | |  | | Length of course | | |  |
| Current year of course | |  | | Expected completion date | | |  |
| Please confirm that you are not currently suspended | | | | | | | |

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| **Section 4: FUNDING AMOUNT** | |
| Please provide an estimate of the minimum amount of funding that you believe you would require for the remainder of the 21/22 academic year. | £ |

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| **Section 5: FINANCIAL ASSITANCE APPLICATION - SUPPORTING STATEMENTS**  Please answer the following questions explaining why you are applying to this fund. |
| 1. How were you intending to fund your studies? If your financial situation has changed since your studies began, please explain why this could not have been predicted at the start of your course. |
| 1. What steps are you taking to find alternative funding and how will you fund any future years? Please include an indication of levels of funding available to you for the remainder of your course. |
| 1. Where applicable, please explain any exceptional expenses, for example essential car costs, childcare costs or costs associated with dependants. |
| 1. Please provide a brief justification of the funding amount requested (provided in section 4). |
| 1. Please give details of the amount of fees that you have paid to date towards your study and the amount, if any, that is outstanding for this year. |
| 1. Anything else you would like to add about your circumstances in making this application, including an indication of the hardship that you are experiencing. |

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| **Section 6: DISABILITY**  Under the Equality Act a disability is defined as a physical or mental impairment which has a significant, adverse,  and long-term effect on the person’s ability to carry out normal day-to-day activities. | |
| Do you consider yourself to have a disability or chronic medical condition? | Yes  No |
| If yes, have you registered with the Disability Advisory Service? | Yes  No |
| Would you like this application to be considered for the College Disability?  Fund? | Yes  No |

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| **Section 7: DISABILITY & WELLBEING APPLICATIONS - SUPPORTING STATEMENTS**  For Disability Fund applications, please attach any independent medical evidence or your Oxford Student Support  Plan (SSP). Depending on circumstances, it might be possible to consider an application without an SSP.  Please use the space below to fill in any other information you would like to include together with your application. |
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| **Section 8: DECLARATIONS** | | |
| **CONFIDENTIALITY** | | |
| For applications to be considered, they will need to be viewed by the Academic Registrar and College Hardship Committee. It may also sometimes be necessary for additional supporting information to be sought from other collegiate University staff for a decision to be reached. | | |
| **GENERAL DATA PROTECTION REGULATION (GDPR)** | | |
| Kellogg College is part of the University of Oxford and conducts its operations in compliance with the University privacy policy. Copies of the Kellogg College Privacy Policies can be found on the [College website](https://www.kellogg.ox.ac.uk/privacy/). If you have any questions, please email communications@kellogg.ox.ac.uk. | | |
| **STUDENT DECLARATION** | | |
| I declare that the information that I have given on this form is correct and complete to the best of my knowledge. I understand that giving false information will automatically disqualify my application and may lead to disciplinary procedures resulting in possible expulsion from the University. I further undertake to repay any loans/grants obtained by me as a result. | | |
| Name: | Signature: | Date: |