

Application Letter for Special Support Grant

Full name:

ART ID:

Please select **one** of the following options:

- I am a lone parent
- I have a partner who is also a student. One or both of us is responsible for a child or young person under 20 who is in full-time non-advanced education.
- I have a disability and qualify for the disability premium or severe disability premium.
- I am deaf and qualify for Disabled Students' Allowances.
- I have been treated as incapable of work for a continuous period of at least 28 weeks.
- I am from abroad and am entitled to an Income Support Urgent Cases Payment because I am temporarily without funds for a period of up to six weeks.
- I am waiting to go back to a course having taken agreed time out from that course due to an illness or caring responsibility that has now ended.
- I am aged 60 or older.

I enclose the following evidence:

Signed:

Date:

DAY	MONTH	YEAR
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>