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| **Application form for the Access Course Fee Support Grant** | | |
| **Title (Mr, Mrs, Miss, Ms, etc.):** |  | |
| **First Name(s):** |  | |
| **Last Name:** |  | |
| **Gender:** |  | |
| **Date of Birth:** |  | |
| **Nationality:** |  | |
| **Are you on the Access to HE Diploma (Osteopathic Sciences and Health Care) 2017/18?** | **Yes** | **No** |
| **Are you on a means tested benefit?**  ***Please attach evidence*** | **Yes ☐**  **Please state:** | **No** |

I can confirm that the information given to UCO is true to the best of my knowledge and from the date of application, I have been in receipt of a UK means tested benefit. To the best of my knowledge the benefits I have listed as evidence for the purpose of this application I am entitled to.

Student Signature: Date:

Please submit your form to the Student Support Manager in room 3.08 or email\* it to [**studentsupport@uco.ac.uk**](mailto:studentsupport@uco.ac.uk).

\*Electronic signature will only be accepted from your UCO email.

*FOR OFFICE USE ONLY:*

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| Evidence Checked? | Yes |
| Signature of Student Support Manager: |  |