STUDENT ASSISTANCE FUND 2017-2018

APPEAL FORM

Section A: Applicant Details		
Last Name:	First Name:	Student ID: **K**
Phone No:	Mobile No:	

Section B: Course Information		
Course Title:	Full Time: ☐	Part Time: ☐
Year of Study: 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ Other _____	Are you registered as a Mature Student? Yes ☐ (over 23 yrs on the 1st January prior to Admission) No ☐	

Section C: Appeal Details		
Are your financial circumstances the same as stated on your original application?	Yes ☐	No ☐
If **NO,** please give details below (Please provide supporting Documentation): -		
Please rate your attendance in college since September _____days absent		

Student Signature:_____ Date:_____

APPEALS WILL BE REVIEWED BY THE STUDENT FUND ADVISORY COMMITTEE
THIS DECISION IS FINAL. STUDENT WILL BE NOTIFIED OF OUTCOME BY EMAIL.

Office Use Only:

Signed: _____ ***Date:*** _____

The Student Assistance Fund is funded by the Irish Government and part funded by the European Social Fund under the Human Capital Investment Operational Programme