**Kings Financial Aid Application for PGR students**

**Basis for Application**

Please select the description that best matches the reason for your application below

**Choose a Category:**

Choose an item.

**Personal Details**

|  |  |
| --- | --- |
| Surname | Enter your surname |
| Forename(s) | Enter your forename |
| Date of birth (DD/MM/YYYY) | Enter your date of birth |
| King’s Student Number  | Enter your King's ID number |
| Faculty  | Type your Faculty  |

**Study Details**

|  |  |
| --- | --- |
| Degree Title | Enter your degree title and qualification |
| Degree Duration | Enter your duration (number of years) |
| Year of Study | Enter your year of study |
| Mode of Study | Choose an item. |
| Level of Study | Choose an item. |

**Funding information**

Please outline your funding source

|  |  |
| --- | --- |
| [ ]  I am self-funded [ ] I am funded by the Department [ ]  I am funded by the Faculty [ ] I am funded by KCL Please list the name of the Award  | [ ]  I am funded by a Charity Enter details  [ ]  I am funded by an overseas sponsor Enter details [ ] I am funded by a Research Council Enter details Other funding details: Enter details  |

**Visa Information**

Please let us know if you require a visa to study in the UK.

[ ]  I require a Tier 4 Visa to study in the UK

[ ] I am studying in the UK on a different type of visa (provide details below)

**Other visa details:** Click or tap here to provide visa details.

**Details of Costs**

Please use the table below to provide a clear break down of any specific costs that you require help with.

|  |  |  |  |
| --- | --- | --- | --- |
| **Enter details of costs** | **Month/s affected** | **Amount of support sought per month in (£)** | **Total amount of support sought from PGR Financial Aid Scheme in (£)** |
| *\*example: Rent* | *September, October* | *£150* | *£300.00* |
|  |  |  |  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| **Total** |   |   |   |

**Supporting Statement**

When completing your statement please ensure that you:

* Provide details of how you have been affected by the COVID-19 outbreak
* Explain how this impacted your financial situation, including details of any specific costs

The statement should provide details of the support you are applying for. Please note that you will be asked to provide documentary evidence demonstrating the change in your circumstances and any associated costs.

Please provide details of any financial dependents (e.g. children or adult dependents) and caring responsibilities that you may have.

|  |
| --- |
| ***Enter Supporting Statement (500 words max). Please note that if the statement exceeds the word limit, it will be automatically sent back to the requester.*** |
|  |

**Please confirm that you are providing the following information with your application:**

[ ]  Evidence that I have been impacted by COVID-19

[ ]  Evidence demonstrating the financial support I require

**Declaration**

By submitting this form, I confirm that:

[ ] My financial need has arisen as a direct result of the COVID-19 outbreak

[ ]  I am a current Postgraduate Research student

[ ]  All evidence I have provided with my application is accurate.

[ ]  I understand that if I have already been reimbursed for any costs through an insurance claim or refund that I have not declared, my application may not be processed.

I have provided the following supporting evidence:

[ ]  Evidence of costs

[ ]  Evidence of any relevant unsuccessful refund requests

[ ]  Evidence of an insurance claim made where a refund request has been unsuccessful

**Data Protection**

By submitting this form, you agree that King’s College London can process your information and keep a copy of your form for the purposes of administering the King’s Financial Aid scheme for PGR students. Information regarding your application will be shared with the approving department and with the Student Funding Office for the purposes of administering the scheme.

|  |  |
| --- | --- |
| **Name of Student** | Name |
| **Date** | Click or tap to enter a date. |

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**STAFF ONLY**

**Approving this form**

By approving this form, I agree that:

1. The information provided by the student concerning the impact of the COVID-19 outbreak on their circumstances is accurate
2. The costs stated by the student accurately represent those incurred by the student, taking into account contributions from Faculties, Departments or other sources

|  |  |
| --- | --- |
| **Name of Approving Staff Member** | Name |
| **Department** | Department |
| **Date** | Click or tap to enter a date. |

Please forward verified form and all supporting evidence to doctoralstudies@kcl.ac.uk , citing **COVID-19 Financial Aid** in the subject header.