**Application for Joseph Levy Education Fund**

**The Joseph Levy Education Fund provides grants to support people with cystic fibrosis into further or higher education.**

Please read the Guidelines BEFORE completing this form.

Please ensure that you complete all sections of the form and send us any additional item requested. We cannot assess incomplete applications.

To help us target our resources towards those applicants with greatest need, please apply only if you need financial support and request the maximum amount of £600 only if you need to.

If you have any queries or difficulties in completing this form please do not hesitate to contact:

Cystic Fibrosis Trust helpline

0300 373 1000 or [helpline@cysticfibrosis.org.uk](mailto:helpline@cysticfibrosis.org.uk)

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Email address |  |
| Contact phone number |  |
| Date of birth |  |

**Your Past Education:**

Please tick or highlight the highest academic qualification you have achieved

GCSE (or equivalent) A Levels (or equivalent) Certificate (eg HNC, CertHE or equivalent)

Diploma (eg DipHE, HND or equivalent) Bachelor’s degree Master’s degree

Doctoral degree

Other. Please, describe:

None of the above

|  |  |
| --- | --- |
| Your highest qualification - Details (course title and name of school/college/university) | |
|  | |
| Your highest qualification - Course Dates (eg 2019-22 |  |

**Higher Education, Further Education or Vocational Training course you intend to take:**

Proposed course/qualification (Please tick or highlight one option):

Certificate (eg HNC, CertHE or equivalent) Diploma (eg DipHE, HND or equivalent)

Bachelor’s degree Master’s degree Doctoral degree Vocational Training

Other. Please, describe:

|  |  |
| --- | --- |
| Course Name |  |
| Name of institution where you will study |  |
| What is the duration of the course? |  |
| Have you already been accepted? |  |
| If No, when do you find out if you have been accepted? |  |
| What date does you course start? |  |

|  |
| --- |
| Please, briefly describe your long-term educational, or career or employment objectives and why you think this course will help you to fulfil them. |
|  |

We ask you to **provide** **brief details** from the course provider **of your proposed course of**

**studies** such as a leaflet or a link to a page describing the course. If you have a **certificate of**

**attendance or a letter confirming you have been accepted on the course**, please send it too.  
You can send these documents to [jlef@cysticfibrosis.org.uk](mailto:jlef@cysticfibrosis.org.uk)

**Your course costs and income**

**Please read the guidelines on our website before completing this part of the application.**

The information you provide in these sections is essential to understand how you are planning to finance your studies and therefore to our decision-making process.

|  |  |
| --- | --- |
| **Course costs (total – for next academic year)** | |
| Tuition fees |  |
| Enrolment fee |  |
| Examination fees |  |
| Books and materials |  |
| Other educational expenses |  |

|  |  |
| --- | --- |
| **Living costs (per month)** | |
| Accommodation/Rent |  |
| Travel |  |
| Utility bills |  |
| Other living expenses |  |
| Total living costs |  |

|  |  |
| --- | --- |
| **Income (per month)** | |
| Employment (amount expected **while studying**) |  |
| Universal credit (or Income support/Housing benefit) |  |
| Disabled Students’ Allowance |  |
| Personal Independence Payment/Disability Living Allowance |  |
| Any other monthly income/contribution towards your education costs (eg family support) |  |
| Total Income |  |

|  |  |
| --- | --- |
| **Other sources of income (per month)** | |
| Student loan per year (for tuition fees) |  |
| Maintenance grant/loan per year (for living costs) |  |

|  |  |
| --- | --- |
| Have you applied to any other institution for financial help? |  |
| If yes, please provide further details such as name of institution, amount requested and if your  request was successful or is still being processed | |
|  | |
| Have you consulted a social worker or benefits advisor to make sure you are receiving all the statutory support you are entitled to? |  |

**Your request to the Joseph Levy Education Fund:**

|  |  |
| --- | --- |
| Please state amount of grant you are requesting | **£** |
| Please, briefly tell us what it would be used for (eg to purchase a laptop, contribute to course fees, contribute to ensuite room costs, etc). Please see our Guidelines for a list of things we will not fund | |
|  | |
| **If you have mentioned the purchase of any specific item (eg a laptop, a printer, etc) you must provide evidence of the cost of each item**. You can use the space below to list the item(s) and copy a link to a webpage next to each item. You can also email screenshots or photos of the item and cost to [jlef@cysticfibrosis.org.uk](mailto:jlef@cysticfibrosis.org.uk) | |
|  | |

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| --- |
| Please, clearly tell us how the grant would help you to manage your studies alongside your cystic  fibrosis |
|  |
| Please, briefly tell us what would be the impact on your educational plans if your application is not  successful (eg would you be able to carry on with your course of studies?) |
|  |

**CF Team Contact Details**We may need to contact your CF team to check details relating to your application. Usually this just means asking them to confirm you have cystic fibrosis. Please let them know you have provided their details.

|  |  |
| --- | --- |
| Name of Consultant or Cystic Fibrosis Team member |  |
| Job Title |  |
| Hospital or Cystic Fibrosis Centre |  |
| Email address |  |
| Phone number |  |

We might contact you if we need details of an academic referee.

**Payment**We pay all grants by BACS bank transfer as this is the quickest way to get the funds to you. Please provide the bank details of your chosen account below. If you do not have a bank account please contact our helpline.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Your name  (as it appears on your bank statement) |  | | | | | | | | | | | |
| Bank/Building Society |  | | | | | | | | | | | |
| Account number |  |  | |  | |  |  |  | |  | |  |
| Sort code |  | |  | |  | |  | |  | |  | |

Please help us to monitor the reach and impact of the Joseph Levy Education Fund programme by answering the questions in this final section. **The information in this section is not used to make decisions and will not affect the outcome of your application**.

**This information is about the person with cystic fibrosis who will benefit from the grant.**

**Gender** Man 🗆 Woman 🗆 Intersex 🗆 Non-binary 🗆 Prefer not to say 🗆 If you prefer to use your own term, please specify here …………………….

**How many adults in your household: ………..** **How many children in your household: ………..**

**Age** Under 18🗆18-24🗆 25-34 🗆 35-44 🗆 45-54🗆 55+ 🗆 Prefer not to say 🗆

**Ethnicity** Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆  
British 🗆 Gypsy or Irish Traveller 🗆 Prefer not to say 🗆

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆   
Prefer not to say 🗆 Any other mixed background, please write in:

***Asian/Asian British***

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆 Prefer not to say 🗆

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African 🗆 Caribbean 🗆 Prefer not to say 🗆

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab 🗆 Prefer not to say 🗆 Any other ethnic group, please write in:

**Sexual orientation** Heterosexual 🗆 Gay woman/lesbian 🗆 Gay man 🗆 Bisexual 🗆Prefer not to say 🗆 If you prefer to use your own term, please write in:

**How did you hear about the Joseph Levy Education Fund?** Cystic Fibrosis Trust website 🗆   
Social media 🗆 Hospital/cystic fibrosis team 🗆 Other, please write in:

**Do you have more than £6000 in savings?** Yes 🗆 No 🗆 Prefer not to say 🗆  
**What is your household income, per year (including benefits and earnings)?**less than £6,000 🗆 £6,000-£14,999 🗆 £15,000-£27,999 🗆 £28,000-£29,999 🗆 £30,000-£44,999 🗆   
£45,000-£59,999 🗆 More than £60,000 🗆 Prefer not to say 🗆

In completing this form you consent that the Cystic Fibrosis Trust will store and process the information provided above solely for the purposes of assessing and processing this grant application and future grant applications made by/for the applicant.

We will treat any information provided in your application in strict confidence, and will not share it with anyone without your specific consent.

For more information, please see cysticfibrosis.org.uk/privacy-policy for details of our privacy policy.

**Terms and Conditions of Grant:**

If you are awarded a grant:

* We will send you a grant offer by email. Once you confirm your acceptance of the grant offer, we
* will arrange to make the payment by bank transfer.
* You must notify us when you receive the grant payment.
* The grant can only be used for the purposes you have set out in your application. You must notify us as soon as possible of any change in your circumstances that might affect the use of the grant. Should your circumstances change we reserve the right to withdraw the grant offer.
* Please tell us if your contact details change during the period of our grant (eg address, email and

telephone details).

* You must keep receipts for any purchase made with the grant (eg items of equipment, enrolment

fees, course fees, etc) and you must be able to provide copies of those receipts if we ask you to do so.

* You must provide a brief report to the Joseph Levy Education Fund on how the grant has supported

your education or training. We will send you a link to a form to fill in.

* We may use information that you provide about the impact of the grant to promote the Education Fund to potential applicants or to supporter and funders, including through

social media or any other promotional methods or materials. We will only use this information in

ways that ensure you cannot be identified. If the Education Fund wishes to use this information in

a way that would identify you – for example as one of the case studies on our website - we will only

do so if you give us your consent in advance.

The Joseph Levy Education Fund is a grant programme of the Cystic Fibrosis Trust.

**In completing and submitting your application, you agree to the terms and conditions above. We might contact you to ask for further information on your application.**

**Please email your completed form to:** helpline@cysticfibrosis.org.uk

Please call 0300 373 1000 or email [helpline@cysticfibrosis.org.uk](mailto:helpline@cysticfibrosis.org.uk) if you have any questions or need any help to complete this form. If you are not able to email the form to us, please get in touch with the helpline team for support.