

Reference No						
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Date Received:								
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Financial Support Appeals Form

You have the right to appeal if:

- You believe your application has been assessed incorrectly
- You are not happy with the level of support awarded
- · You were not eligible for an award

Your appeal should be made within 10 working days of receiving either an Award Notification or

a letter	notifying you that you are not	eligible for suppo	ort.
Part 1 – Learner Details			
Learner ID:	0000		
First Name(s):		Surname:	
Which support fund have yo 20+ Childcare G Healthy Living G Guaranteed Burs Tuition and Exan Loans Bursary C	rant rant Sary nination Fee Grant	Wellbei Travel	nent Grant ng Grant Grant Sursary Travel Grant
Part 2 – Appeal Please detail below your grobe taken into consideration.	ounds for appeal including	any exceptional	personal circumstances you wish to
			Additional sheets attached X
Applicant Signature			Date DD/MM/YYYY

Please return this form to Financial Support Appeals, Learner Services Team Leader, Learner Voice Services & Reputation, Burton and South Derbyshire College, Lichfield Street, Burton-on-Trent, Staffordshire, DE14 3RL.

You will be advised of the outcome and any action to be taken in writing within 10 working days of receipt of this form. The decision of the Learner Services Team Leader will be final. Full appeals guidelines are available at www.bsdc.ac.uk/financialsupport