Help using this Veterans UK PDF form

About this form

- · You must download and save this form to your computer before using it
- You can save data typed into this PDF form if you use the latest version of Adobe Acrobat Reader
- To download the latest version of Adobe Acrobat Reader free of charge go to the Adobe website
- This means that you do not have to complete this form in one session

Helpful information for using this form

- Save the form to your computer
- After completion print the form
- Sign the form in black pen
- Post the form using the address given

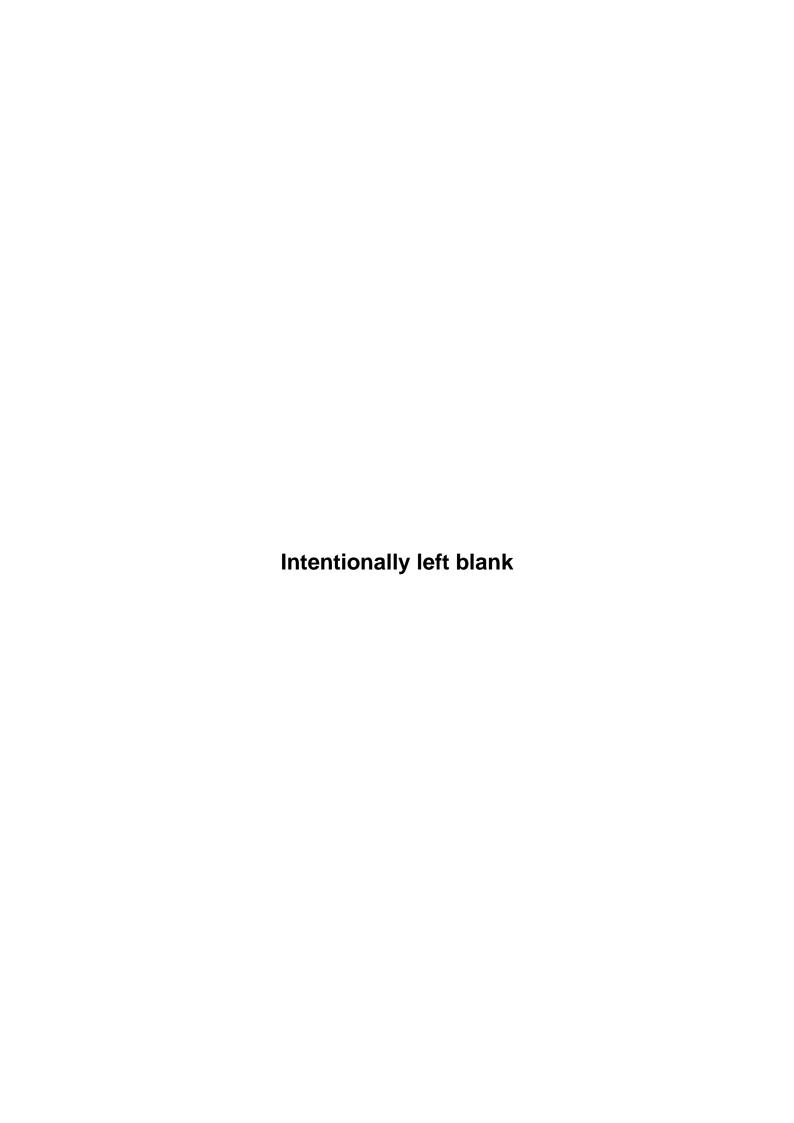
The form will not save in

- older versions of Adobe Acrobat Reader
- other pdf readers, for example Preview on a Mac or Foxit on a PC

Feedback

- We would like your feedback about this form. We will only use any comments to improve future versions
- Please email your comments to: <u>DBS-OPPT@mod.gov.uk</u>
- Please do not send this form or any personal information to this email address. It is for feedback comments only

PLEASE NOTE YOU MUST SIGN THIS FORM USING A BLACK PEN. WE CANNOT ACCEPT THIS FORM BY EMAIL





Armed Forces Bereavement Scholarship Scheme Claim Form

This form should be completed if you want to claim for a scholarship from the Armed Forces Bereavement Scholarship Scheme.

This scholarship is only payable whilst you are attending a full-time School, College, University, or other training programme.

Further details of this scheme together with guidance notes are published on www.gov.uk. Please ensure you read and understand the eligibility criteria before completing this form.

What you need to do

- Read the notes at the start of each section
- Please answer all the questions
- Sign and date the declaration at Section 3 before returning the form to us
- Section 4, Part B should be completed by an authorised person at the School, College, University, or other training facility you are attending
- Please include proof from your University of the fees being charged (i.e. your University tuition fees invoice). A photocopy will be accepted
- If you need any further help or advice, please ring the Veterans Helpline on 0800 1914 2 18

Where to send the completed form

Before returning please check **every** section has been completed.

Veterans UK
Armed Forces Bereavement Scholarship Scheme
Tomlinson House
Norcross
Thornton-Cleveleys
Lancashire
FY5 3WP

We cannot accept claim forms returned by email, or without a signature

Section 1 - Details of Student

This section must be completed by the student or the student's parent or guardian.

All boxes must be completed. If you do not know the service person's service number, please enter not known in this box. Make sure that the full name and date of death are completed.				
Full name				
Date of Birth				
Home Address				
		Postcode		
Telephone number (including Area code)				
Mobile number				
Email address				
Full name of deceased parent				
Parent's Service number				
Parent's date of death				
Reference numbers for any pensions that Veterans UK pay to you or for you				
Are you married or in a civil partnership?	Yes	No		
Name and address of School, College, University, or other training provider				
		Postcode		
Name of degree or qualification				

Section 1 - continued If a degree course, is this the first Undergraduate No Yes course you have studied for? Start End Course date Current year (6th form / 2nd year etc) Please note - our preferred method of communication is by email If you would prefer to be contacted by letter, please tick this box **Section 2 - Payment Details** This section must be completed by the student or the student's parent or guardian. If you do not have a bank or building society account, you can request that the scholarship is paid into your parent's or guardian's account. Please provide details of the bank or building society account you want payment made to. Name of Account holder Bank or Building Society name Branch name and address Postcode Account number Sort code

Building society roll number

Section 3 - Declaration

This section must be completed by dependent child over the age of 16 in full time education.				
Unsigned forms will be returned for your signature.				
Full name				
Date of Birth				
Name and address of School, College, University, or other training provider				
Postcode				
How the MOD collects and uses personal information				
The Ministry of Defence (MOD) is committed to protecting the privacy and security of your personal information and ensuring that all your personal data is processed in accordance with UK data protection legislation. The MOD <u>Personal information charter</u> contains the standards you can expect when we ask for, hold or share your personal information and your rights under the UK data protection legislation.				
Further information can be found <u>here</u> on the way the Veterans UK processes your data in line with the charter.				
Declaration				
 I confirm that: the information I have given is accurate and complete to the best of my knowledge and belief I understand the purpose of this form and the reasons for the collection of my personal data, including sensitive personal data, and that I agree to my personal data being used as stated above. 				
I agree that the MOD: • may ask for any information needed to deal with this claim for the Armed Forces Bereavement Scholarship Scheme for bereaved children now and in the future if they look again.				
Signature				
Date				

Section 4 - Education Details

Tuition fees being charged per year

Please complete Part A, then pass this section to an authorised person at the School, College,	University, or
other training facility you are attending and ask them to complete Part B and then return to you.	•

Part A - to be completed by student		
Full name		
Deceased parent's service number		
Name and address of School, College, University, or other training provider		
	Postco	ode
Name of course		
Part B - to be completed by an authorised person for facility	the School, College, Univ	versity, or other training
If you need any help or advice completing this section, ple	ease call our Veterans Hel	oline on 0808 1914 218
Date student registered		
	Start	End
Course dates		
Year attending (e.g. 2 nd year)		
Term dates - please list the dates of each term using format dd/mm/yyyy		
Degree or qualification studying for		
Is this year to retake examinations?	Yes	No

Part B - continued Remarks (if any) Name and signature of authorised person Date Official stamp