

## Original application update request

When you first applied for your Ogden scholarship, you may not have known the results of any other scholarships that you may have applied for. Please complete this page again with the latest information.

### PART 3: YOUR UNIVERSITY COURSE

Your name

Name of Institution

Course

### PART 4: DECLARATION OF FINANCIAL CIRCUMSTANCES (FIRST YEAR)

#### Section 1 Personal - contributions from parents and extended family

First Year Total £  Source

Do you expect a similar amount in subsequent years?  Yes  No  Not sure

#### Section 2 Assistance from the Student Loan Company

Enter total amounts in the first two columns and tick columns 3 and/or 4 as appropriate

Type	Loan	Grant	1st year only?	OR	Recurring?
Fees Loan	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Loan	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Grant	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Support Grant	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Section 3 Assistance from your University or other sources

Enter the total amount in the appropriate column

Type	Loan	Grant	1st year only?	OR	Recurring?
Fees Bursary	£ <input type="text"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Name of bursary</b>	<input type="text"/>				
Maintenance Bursary	£ <input type="text"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Name of bursary</b>	<input type="text"/>				
Scholarship	£ <input type="text"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Name of scholarship</b>	<input type="text"/>				
Other Assistance	£ <input type="text"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Name of bursary</b>	<input type="text"/>				

Combined Totals for Sections 2 and 3 £  £