

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 and sign the form in black pen, or;
- Alternatively, please email your completed form to DBS-AFBSS@mod.gov.uk

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

We have been made aware of issues when using Apple products such as Iphones and I pads to complete this form.

You may be unable to save or re-open it due to updates to Apple products since this form was created.

Work is being undertaken to transform our forms and systems but until this is complete we ask that you find an alternative device, if possible, or print the form and complete it by hand.

Feedback

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

Intentionally left blank



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
- 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

Alternatively, please email your completed form to DBS-AFBSS@mod.gov.uk

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

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 course you have studied for?

Yes

No

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 data and the [MOD Privacy notice](#) explains your rights and provides information that you are entitled to under UK data protection legislation. It is important that you read this notice, together with any other privacy notice that may be provided when we collect or process personal information about you so that you are aware of how and why we are using such information.

The [MOD Personal information charter](#) contains the standards you can expect when we ask for, hold, or share your personal information and your rights under the law.

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

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

Postcode

Name of course

Part B - to be completed by an authorised person for the School, College, University, or other training facility

If you need any help or advice completing this section, please call our Veterans Helpline on 0808 1914 218

Date student registered

Start

End

Course dates

Year attending (e.g. 2nd 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

Tuition fees being charged per year

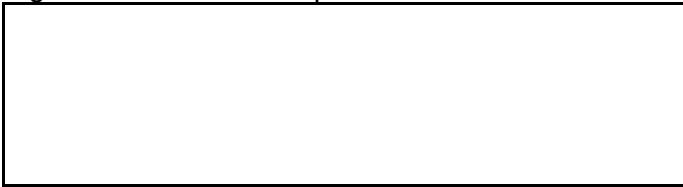
£

Part B - continued

Remarks (if any)

Name of authorised person

Signature of authorised person



Date

Official stamp

