

## STIPEND ADVANCE FORM

Name \_\_\_\_\_

Scholar ID \_\_\_\_\_

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### Details of advance

Amount required: £ \_\_\_\_\_ Repayment period: \_\_\_\_\_ quarter's

*Note that repayments cannot be made in the final quarter of your award*

Reason for Advance:

Accommodation

**Documentary evidence (e.g. rental agreement) detailing the expense related to this claim must be attached to this form.**

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I understand that the Commonwealth Scholarship Commission will automatically collect the repayments, and that a set amount will be withheld from my stipend each month until the advance is fully repaid. I confirm that I can afford to make these repayments.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Returning the form

**Please return this form with accompanying evidence to your Programme Officer**

<b>For Official Use</b>
Endorsed (PO): _____ Date: _____ Repayment Schedule Received: _____
POF: Checked: _____ D/B Entry: _____ S/S Entry: _____ Payment: _____ Signed: _____