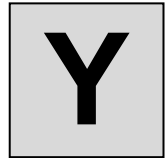


# Grant and loan for summer 2019 for applicants with reduced functional ability

Not applicable to applicants with statutory rights to upper secondary education



English

## To whom the application applies

The application applies to applicants who, due to reduced functional ability, are unable to take on paid employment during the summer holiday (16.06.2019–15.08.2019) but who are, however, able to study and prepare themselves for the next semester. The scheme also applies to applicants who for the same reason require necessary modifications in the workplace, and thus have difficulties securing a summer job. A physician, specialist or other professional with particular knowledge of the reduced functional ability, must perform an assessment/review of the applicant's functional ability. A condition for receiving a grant and loan during the summer is that the applicant has been attending a course during the spring semester of 2019 and will continue studying in autumn 2019.

## Process and application deadline

You must complete the form in collaboration with a physician/specialist and submit it via post to Lånekassen, postboks 4551, 8608 Mo i Rana. The form must be received by Lånekassen by 15 August 2019.

## Conditions and signatures

You may not have any form of paid work during the period 16.06.2019–15.08.2019 as long as you are receiving a grant and loan for the summer. Remember that both you and your physician must sign this form. The physician should sign in item 4, and you should sign in item 5 at the bottom of page 2.

## Extra grant during the academic year and grant for delay

You can also apply for

- an extra grant during the academic year. Use form X, which you may print from [www.lanekassen.no/skjema](http://www.lanekassen.no/skjema)
- a grant for delay beyond one academic year / 60 credits

Read more at [www.lanekassen.no/nedsattfunksjonsevne](http://www.lanekassen.no/nedsattfunksjonsevne).

## 1 Personal details

Customer number in Lånekassen	Date of birth and personal ID no. (11 digits)
Surname	First name and middle name
Address	Postcode and city

## 2 Expected end date of your education

State the month and year in which the degree/education you are taking or planning to take ends

## 3 What are you applying for? Tick one of the options below

Grant	<input type="checkbox"/>
Grant and full loan	<input type="checkbox"/>
Grant and limited loan (please state the loan amount)	<input type="checkbox"/> ..... NOK


## 4 Confirmation from your physician or a professional with particular knowledge of the reduced functional ability

- At the top of the page you can find more information about who the application applies to.
- Ensure that item 1 is completed before answering the questions in this item.
- The applicant must submit an application with a new confirmation from a physician/other specialist for each academic year. The situation during the relevant year determines whether the applicant is entitled to extended support and an extra grant.

### Is the applicant capable of studying during the summer?

By answering Yes, you are confirming that the applicant is capable of studying and will be actively engaged in studies for the period 16.06.2019–15.08.2019. Support during the summer is not available for applicants that are unable to study.

Yes  No

The form continues on the next page 

<p><b>Does the reduced functional ability mean that the applicant cannot engage in paid employment during the summer without this affecting his/her normal educational progress?</b></p> <p>By answering <b>Yes</b>, you are confirming that it is necessary for the applicant to spend the summer time studying in order to make normal progress, and that he/she therefore does not have the capacity for any form of work during the period 16.06.2019–15.08.2019.</p> <p>Note: The applicant may not perform work of any kind as long as he/she is receiving a grant and loan during the summer.</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Does the reduced functional ability mean that the applicant has difficulty finding work during the summer as any employer would have to make modifications to the workplace?</b></p> <p>By answering <b>Yes</b>, you are confirming that the applicant has a disability that makes it difficult to obtain summer work because it would require the employer to make necessary modifications to the workplace.</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date	Name of physician / other professional (capital letters)	Stamp and signature of physician / other professional

**5 Applicant's signature**

**By signing below, I confirm the following:**

- I confirm that I have been actively engaged in studies during the spring semester 2019 and that I plan to study in autumn 2019.
- I confirm that due to reduced functional ability I am unable to perform any kind of paid employment during the summer (16.06.2019–15.08.2019) as I must use this time to study in order to maintain the planned educational progress, or that I have a disability preventing me from obtaining summer work. I confirm that I am capable of studying during the summer.
- I confirm that the information provided in this application is correct. Should any changes occur after submitting the application, for example, that I take on paid employment, I am obliged to provide written details to Lånekassen.
- I am familiar with the terms for a grant and loan for the summer for applicants with reduced functional ability as provided in Sections 8–10 and 43-1 of Lånekassen's Regulations on Educational Support for 2018–2019 at [www.lanekassen.no/forskrifter](http://www.lanekassen.no/forskrifter) (in Norwegian only).
- I am aware that the extra grant for applicants with reduced functional ability is subject to means testing with regard to my income, social security benefits and assets, and the assets of any spouse/cohabiting partner with joint children. The extra grant can be converted into a loan if my income and/or assets exceed the predetermined limits, cf. Section 29 of Lånekassen's Regulations on Educational Support. The personal and capital income and assets on the tax return for the period I received support will be used for means testing.
- I am aware that incorrect details can mean that the grant will be converted into a loan, that I will have to repay support to which I am not entitled, and that the loan can be subject to interest and may be cancelled. I am aware that I can also lose entitlement to educational support, payment relief and waiver in the future, and that serious breaches could be reported to the police.
- I am aware of the terms for repayment of loans stipulated in Lånekassen's Regulations on Repayment at [www.lanekassen.no/repayment-rules](http://www.lanekassen.no/repayment-rules).

Date	Applicant's signature

Send the form to **Lånekassen, postboks 4551, N-8608 Mo i Rana.**

**Handling personal information:** Lånekassen assesses your application according to the Educational Support Act at [www.lovdata.no](http://www.lovdata.no). Information you fill in, or which we obtain elsewhere, is stored with Lånekassen. Read more about Lånekassen's handling of personal information and about your rights at [www.lanekassen.no/privacy](http://www.lanekassen.no/privacy).