FEE WAIVER APPLICATION 2021/22



PERSONAL DETAILS							
		$\overline{}$					
Forename		Surn	name				
Address including Postcode				Date of Birth			
				National Insurance Number		_	
Name of Part Time Cou							
Should you wish to stud	dy more than 6 HN credits or 7 NC credits in 6	one academi our area of s		our application must	be approv	ed by the Curricu	lum Director for
RESIDENCY							
Have you lived in the United Kingdom for the last 3 years (please tick)				Yes		No	
ENTITLEMENT TO FE	E WAIVER						
	aived for certain courses where a student mee	ets one of the	e followin	ng criteria. Please tick	(appropri	ate box and provi	de
	to support your application. diate family are in receipt of one of the follo	owing:-					
ncome Support			Working Tax Credit (not Child Tax Credit)				
Income Related Employment and Support Allowance (ESA)		_	Housing	Housing Benefit			
Income based Jobseekers Allowance		J	Pension	n Credit			
Universal Credit		_					
2. You are in receipt of	of one of the following:-						
Carer's Allowance	-	3	Disabili	ty Living Allowance			
Carer's Allowance Supplement or the Young Carer's Grant		2	Attendance Allowance				□
Incapacity Benefit		3	Contributory Employment and Support Allowance (ESA)) 🗖
Personal Independence	e Payment L	3					
3. You or your immed	liate family's income in the previous tax ye	ar (20/21) is	equival	lent or lower than th	e thresho	old below	
<u>Y</u> (ou must provide proof of this income						
Household with one person			£8,282				<u>_</u>
Household consisting of a couple without children			£12,395				
Household with dependant children £18,977							
4. You are an asylum seeker or you are the spouse or child of an asylum seeker living in Scotland (as defined in section 18 of the Nationality, Immigration 7 Asylum Act 2002)							
5. You are in the care of a Local Authority							
6. You are a state sch	nool pupil undertaking college activities tha	at form part	of the s	chool curriculum			
DECLARATION							
I declare that the inform	nation I have given is correct to the best of my	y knowledge.					
Signature]	Date)		
For office use only							
Documentation Reviewed			Verific	cation of Evidence S	upplied		ı
Signature]	Date			٦
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