# WEST COLLEGE SCOTLAND Application for Fee Waiver 2016-17

**PART-TIME STUDENTS ONLY**

## A copy of the College Fee Waiver Policy is available from the Finance Office on request

### SECTION 1 - Student Details

#### Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **d d m m y y y y**

**Date of birth**

**N.I. number**

**Tel Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Section 2 – Course Details

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Title of course/programmes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Venue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All other courses of study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of claim if not start of course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Level of course Advanced Non-advanced Leisure**

**Attendance Mode Part-time Day Part-time Evening Part-time other**

###### SECTION 3 – Eligibility Benefits

**Please tick one of the following boxes (proof of receipt of benefit must be provided)**

**My family is in receipt of the following benefit:-**

 **Universal credit \_\_\_\_\_\_\_\_**

 **Other ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I am in receipt of the following benefit:-

 **Carers’ Allowance/ Severe Disablement/Disability Living**

 **Attendance Allowance \_\_\_\_\_\_\_\_ Allowances/Incapacity Benefit/Personal**

 **Independence payment ­­­­­­\_\_\_\_\_\_\_\_\_\_**

**Contributory Employment**

**& Support Allowance (ESA) \_\_\_\_\_\_\_\_\_ I am on a low income threshold \_\_\_\_\_\_\_\_\_\_ (refer to policy for amounts)**

**Other ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### SECTION 4 – Eligibility - Residence

1) Have you permanently resided in Scotland for the last 3 years

**EU NATIONALS NON-EU NATIONALS**

YES NO YES NO

If the answer is NO you must complete questions 2 and 3

 **d d m m y y y y**

 **2) Permanent residence in Scotland began**

 3) Previous address before entering Scotland \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## 4) Are you an Asylum Seeker Yes No

## 5) Are you a Refugee Yes No

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## 6) Are you a Migrant Worker Yes No

7) Are you the child of an Asylum Seeker Yes No

Please note that you may have to complete a further residency questionnaire depending on your residency status

##### SECTION 5 – Declaration

I declare that all the answers given in this form are true and correct.

I understand that if I give false information or withhold any relevant information, my fee waiver will be cancelled and I will have to pay all tuition fees due to the College.

I will inform the College of any change of circumstances that may affect my fee waiver.

Student’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Office use only***

## Evidence produced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**