

Part-Time Student Application form for Fee Waiver/Reduction from
Staffordshire University 2011/2012



Please note students attending partner colleges should contact their own institution for part-time fee remission policy.

To be completed and returned within 4 weeks of completing your e-enrolment

1. Personal Details

Student Registration number (if known):

Title (Mr, Mrs, Miss, Ms etc):

Date of Birth:

Forenames:

Surname:

Status: Single Married/Civil Partnership
(information to be completed on sections 3a & 3b)

Separated Widowed
Divorced

Award Title:

Site/Campus:

PLEASE NOTE:

Undergraduate: *If you are studying less than 60 CATS please complete this form.*

If you are studying 60 CATS or more you must apply to Student Finance England (S.F.E.) for a grant to help pay tuition fees. The University cannot waive your fees if you choose not to apply. If the S.F.E. rejects your application the University may waive your fees if you are in receipt of benefits or if your income is low. Please submit a copy of the rejection letter from S.F.E. or your previous degree certificate (reason for no support). Costs for any registrations or residential cannot be waived.

If you do not know how many CATS, please contact your Faculty.

Postgraduate: *All PG students please complete this form. A maximum of 50% tuition fee reduction may be awarded.*

See information for Student Finance England on: www.direct.gov.uk/studentfinance

2. Funding Details

Will you be receiving funding from any other source to meet the costs of your course in 2011/2012

Yes No

If 'yes', please give details of funding

3. Financial Details

A.

If you, your husband, wife, civil partner or partner, are receiving one or more of the following state benefits, please tick the appropriate box. You will need to submit one piece of evidence of one of these with your application or request the Benefit Agency to complete and stamp the form on page 4.

	You	Husband, wife, partner
Housing Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Local Housing Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Council Tax Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Income Support	<input type="checkbox"/>	<input type="checkbox"/>
Income-based Jobseeker's Allowance	<input type="checkbox"/>	<input type="checkbox"/>
New Deal Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Free Prescriptions	<input type="checkbox"/>	<input type="checkbox"/>

OR

B.

If you or your husband, wife, civil partner or partner, are NOT receiving any benefits, please provide full financial details below. If in receipt of a Tax Credit award submit with a copy of your current award – page showing 'your total incomes'

	You	Husband, wife, partner
Please give details of your salary or wages <u>before deductions</u> .	£ <input type="text"/>	£ <input type="text"/>

Where you have entered an amount, please provide as evidence the last 3 payslips or a letter from your employer confirming the annual salary/wage.

Self employed – please submit last agreed Tax Return.

Any other income?

Please give details below

Please indicate the number of children under 16 years of age that are dependent on you?

Definition of low income for information: From payslips - Household income per annum after deductions:

- Single: £16,845. With 1 child: £18,845. Increasing by £1000 for each additional child.
- Married/with partner: £18,845. With 1 child: £20,845. Increasing by £1000 for each additional child.

DECLARATIONS:

Please read the following declaration. Your application for financial support will not be processed unless you, and the person indicated in part 3, sign and date the relevant parts.

Declaration A: STUDENT

- I confirm that to the best of my knowledge the information I have given on this form is true and complete and I understand that if I have given false information, or have not given complete information, I might be refused support.
- I agree to give the University any additional information they require to enable them to process my application and agree to tell them immediately if my circumstances change in any way that might affect my entitlement.
- I understand that if I do not advise the University about any change in my circumstances, which may affect my entitlement, I may be required to repay all or part of the support I have already received in the year.

Your full name: (in block capitals)

Your signature:

Date:

AND

Declaration B: PERSON INCLUDED IN SECTION 3.

- I confirm that to the best of my knowledge the information I have given on this form is true and complete and I understand that if I have given false information, or have not given complete information that financial support may be withdrawn.
- I agree to supply any further information in relation to the applicant's application for support that the University may ask for and agree to tell them immediately if my circumstances change in any way that might affect this application for support.

Your full name: (in block capitals)

Your signature:

Date:

PLEASE RETURN THE COMPLETED FORM TO:

- In person at either Information Centre (Flaxman Building, Stoke or Beacon Building, Stafford)
- Scan in the form and evidence then email to j.newey@staffs.ac.uk
- Post to: Janet Newey, Information Centre, Staffordshire University, Beaconside, Stafford, ST18 0AD

Our decision will be e-mailed to your Student University e-mail account, which should be checked at regular intervals.

ACADEMIC SESSION 2011-12

TO BE COMPLETED BY: BENEFIT AGENCY/COUNCIL TAX OFFICE

I confirm that the person named below is currently in receipt of the following benefit:

Housing Benefit

Income Support

Council Tax Benefit

Income Based Job Seekers Allowance

New Deal Allowance

Contribution Based Job Seekers Allowance

Severe Disablement Allowance

Disability Living Allowance

Incapacity Benefit

Other Benefit(s) (please specify)

NAME OF STUDENT

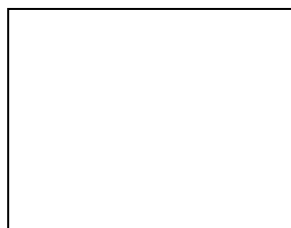
AGENCY OFFICER (signature)

NAME (please use capitals)

DESIGNATION

DATE

OFFICIAL STAMP

A rectangular box intended for an official stamp or seal.

I authorise the Benefit Agency/Council Tax Office to disclose details of my claim to Staffordshire University.

Name of Student

Signed

Date
