Forth Valley College

APPLICATION FOR FEE WAIVER

Surname

Forenames

Date of Birth

Student ID No.

I am in receipt of benefits, allowances, etc, as identified below and attach documentary evidence.

Benefit	Please tick	FOR OFFICE USE	
		Finance Source	**Waiver Category**
Adult Disability Payment		58	A4
Asylum seeker or spouse or child of an asylum seeker		49	A7
Attendance allowance		43	A4
Care experienced student		48	A9
Carers allowance		37	A4
Contribution based employment and support allowance		50	A5
Cost borne by college		26	B15
Disability Living Allowance		38	A4
Full time student on part time/flexi course		26	B18
Housing benefit		30	A3
Incapacity benefit		28	A4
Income support		23	A3
Income-based job seekers allowance		44	A5
Income-related employment and support allowance		47	A5
Low income (no benefits)		24	A6
Pension credit		39	A3
Personal Independence Payment (PIP)		52	A4
School pupil		42	A8
Severe disablement allowance		29	A4
Staff member		26	B9
Ukrainian refugee / Homes for Ukraine scheme		57	A7
Universal credit (UC)		53	A5
Veterans*		46	A3
Working tax credit		40	A3

I wish to have my course fees waived

Student Signature _____ Date _____

For College Use Only

Lecturer/learner Assistant _____ Evidence received by _____

Date Processed _____ Fee Waiver Processed by _____