

TANGENT
Undergraduate Certificate in Innovation & Entrepreneurship

Application for waiver of €100 Fee

For Completion by Student

Privacy Statement

This form together with all supporting documentation are submitted on the understanding that the data contained therein are used solely for the purposes of the consideration of Innovation Waiver fee. The data will be retained in a secure location for the period of a student's registration in College, together with an additional period of thirteen months following graduation. Thereafter, all data will be erased.

Further details on the data protection regulations pertaining to these materials can be found at <http://www.tcd.ie/privacy/> You are asked to read these carefully and indicate your consent below to the submission of all documentation relevant to your appeal subject to these regulations.

Signed: _____

Date: _____

SECTION A - to be completed by the applicant.

Surname (in block capitals) Mr/Ms Student No.

Other Names (in full)

Are you a Mature Student (aged 23 or over on 1 January of year of entry)? Yes No

State if: Single married widowed separated single parent divorced

Address for correspondence

Telephone Email Address

Date & Place of Birth No. of Dependants in family

Age of dependants in full time education

Nationality/Citizenship Date of Entry to College

Course of Study Faculty Tutor

Are you in receipt of the Local Authority Higher Education Grant Yes No

Are you in receipt of a Millennium Scholarship Yes No

Are you in receipt of any other grants or bursary Yes No

College standing on date of application: JF SF JS SS

Signed: Date:

SECTION B (to be completed by applicant if Mature Student, otherwise by parent/guardian)

Is your (or your family) sole income from Lone Parents Allowance, Back to Education Allowance or any similar form of Social Welfare Assistance or income? Yes No

If yes, **evidence of Social Welfare Claim must be provided**

Claim Type

Social Welfare Claim No

Weekly/monthly €:

A waiver may be granted in cases of financial hardship due to low family income.

Please report family income from:

Earned income (state total for previous year) €

Other income (e.g. pension fund, rental income) €

P21, P60, Payslip or Statement from source of income must be attached.

Please indicate financial responsibilities (including mortgage, bank loan, etc) per month €.....

This application must be accompanied by Social Welfare Claims evidence, and by P21 Income Tax Balancing Statement, or P60 (if applicable).

Please return to: Certificate in Innovation and Entrepreneurship Waiver, Senior Tutor's Office, House 27, Trinity College, Dublin 2.

I declare that all the information given is true, complete and accurate in every particular.

Signed:

Date: