

# Supported Application Fee Scheme Form



Please complete this form in BLOCK CAPITALS and e-mail it to [auditions@oxforddrama.ac.uk](mailto:auditions@oxforddrama.ac.uk) with copies of your supporting documents, as proof of eligibility.

Full Name of Applicant:

Address:

E-mail address:

Course(s) applying for:

**I can confirm that I meet all of the criteria listed below. (Please tick boxes)**

- I am resident in the UK
- I am aged 18+
- I am new to higher education
- I live in a household with a gross annual income of below £33,000

**In addition to the essential criteria listed above, I can confirm that I meet at least one of the criteria below:**

- I live in a household with a gross annual income of below £25,000
- I am from a Black, Asian or minority ethnic background
- I will be considered to be a care leaver when I begin my training
- I am an estranged student (I am not supported by a family)
- I have a declared disability

## Household income

Please complete the below table with your household income information, showing income from all sources before the deduction of tax. Figures are required for the whole of the last financial year (April 2019 – March 2020).

	Parent/Carer 1 or Own Income	Parent/Carer 2
Gross annual income	£	£
Income-related benefits	£	£
Other income (e.g. from property, unearned income)	£	£
GRAND TOTAL =	£	

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Please confirm which evidence you are including with your application:

P60 for the previous tax year

*If you are financially independent of your parent(s)/guardian(s), please send a copy of your P60. If you are supported by one/two parents/guardians, please send us copies of their P60(s).*

Confirmation of income-related benefit payments (e.g. Jobseeker's Allowance, Universal Credit, Income Support)

SA302 Tax Calculation form

A letter from a teacher, social worker or doctor proving my time in care/estrangement

A letter/document from a medical professional stating my disability

Please use the space below to provide any additional information which you would like the Admissions Administrator to consider, or if you think that the evidence you have provided as proof of eligibility requires further explanation.

By signing below, you are confirming that this information provided is true, complete and accurate.

Signed (applicant):

Date:

Signed (parent/guardian):

Date: