



Reduced Fee Application Form

If you need assistance to complete this form (and/or further information) please feel free to phone us on (021) 466 6180

Name of Course you wish to apply for: _____

Location of Course you wish to apply for: _____

Name: _____

Home Phone: _____

Address: _____

Mobile Phone: _____

_____ E-mail Address: _____

SHEP offers a reduced fee for some courses

SHEP recognises that for some people, the course fee, even though it is a subsidised fee, may still be prohibitive. To make our courses accessible we offer a reduced fee on some SHEP courses offered in Cork and Kerry. Such reduced fees are funded by the **SHEP Bursary Fund** (to which people and companies have made donations) – or by state grants, when available.

If you intend to submit this application, please read our information note 'Important Information on SHEP Fees, Reduced Fees/ Funded Places & Payment Methods'.

Eligibility for a reduced fee place

You may apply for a reduced fee if you are (i) a social welfare recipient*, or (ii) a full-time student or (iii) if you are experiencing financial hardship.

We cannot guarantee, therefore, that all applicants will be successful. Reduced fees will be awarded to those who meet the eligibility criteria on a **'first-come, first-served'** basis. **Early applications therefore have an advantage.**

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OPTION: REDUCED FEE

I am applying for a **reduced fee**, on the basis that:

I am a social welfare recipient Name of Payment: _____

I am a full-time student Name of Course & College: _____

I am experiencing financial hardship. Please set out your case separately.

If a reduced fee place is not available to you please tick one of the following:

- a) *If a reduced fee is not available to me I am willing to pay the full fee.*
- b) *If a reduced fee is not available to me I am not able to pay the full fee (and will withdraw my application for a course place)*

Please confirm that you are enclosing the following: (Please tick)

- I am enclosing my **course application** form
- I am enclosing evidence of the **Social Welfare** payment being made to me (where relevant) **or** (if not in receipt of social welfare a letter setting out the case for a reduced payment)
- I understand that the **information** provided here will be used in determining whether I am to be offered a place.

Signature: _____

Date: _____

**When completed please return this form, along with the required supporting documents, and the application form, to
The Director, The Social and Health Education Project, Old Primary School, Ardfoy Avenue, Ballintemple, Cork**