ECONOMIC HARDSHIP GRANT

APPLICATION FORM



Submit form by one of the following methods:

- I By email to studentfinance@avondale.edu.au
- I In person to Student Finance
- I By post to Student Finance, PO Box 19, Cooranbong NSW 2265 Australia
- I Phone +61 2 4980 2108
- I Fax +61 2 4980 2118

AVONDALE ECONOMIC HARDSHIP GRANT

Avondale is committed to helping students who have a genuine financial need through a grant.

DETAILS

This grant is available to all students who are currently studying any course at Avondale University College and have a demonstrated financial need.

The value of the grant is dependent on:

- I Funds available through the Student Aid Trust Fund
- I Level of need demonstrated by the student

APPLICATION DETAILS

- I Applicants must complete all sections of the application;
- I Applicants must supply the required supporting documentation;
- I The supporting documentation required for this application is outlined in section 6;
- I All information supplied in this application will be treated confidentially.

AWARD PROCESS

Student Finance will notify the student in writing of the outcome of their application, within one week of the Financial Assistance Committee meeting. Grants that are approved will be applied to the student's fee account within one week of the meeting.

APPLICATIONS CLOSE: SEMESTER 1 - 31 MARCH YEARLY SEMESTER 2 - 31 AUGUST YEARLY

ECONOMIC HARDSHIP GRANT

APPLICATION FORM



1. PERSONAL DETAILS

ritie:	Surname:			Giver	n Name(s):	
Student Num	nber:					
Address:						
State:					Postcode:	
Country:						
Phone:						
Email:						
Domestic Stu	ıdent:	Inte	ernational Student:			
I An Austral I An Austral I A Holder o	udent is defined as: lian Citizen, or; lian Permanent Resid of an Australian Perm aland Citizen	ent, or; anent Humanitarian Visa or	;			
Internationa	l Student is from any	country other than Australi	a or New Zealand			
	MIC DETAILS are you enrolled in?					
	·		\/	NI-		
		undergraduate degree? s) student or completing at lea	Yes ast 75% of a full tim	No e equivalent studv	load?	
Yes	No	Unsure				
, reasons	o stadying part aine t	are: (please outline briefly and	actaci supporting c	vacrice as octalies	3 III 3 ECCCO 177	
All applicants		er the questions in this sectior r expenses, please provide you		nentary evidence in	support of the application.	
Income and	Assistance					
PART A: Who	is currently listed as y	our fee payer (tick) Self	Parents	Guardian	Other	
	cked Self or Other pro cked Parents or Guard	ceed to PART C. lian proceed to PART B.				
If	YES, provide details:	sistance from your parents/pa e per year from all sources:	rtner/other? Yes	No		
<	\$25k	\$25k - \$50k	\$50k	- \$75k	\$75k - \$100k	>\$100k
N	umber and ages of Ho	ousehold Dependents:				
	ou receive governmer YES, provide details, it	nt assistance such as Youth Al	lowance, Austudy o	r Abstudy? Yes	s No	

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Employment

DURING SEMESTER

Name of Employer:

Hours worked per fortnight: Net fortnightly wage (after tax):

DURING SEMESTER BREAKS

Name of Employer:

Hours worked per fortnight: Net fortnightly wage (after tax):

Do you have any other income? Please provide details:

Estimated Tax Return for Current Financial Year: \$

4. FORTNIGHTLY BUDGET

Please provide a breakdown of YOUR fortnightly income and expenses. If you have a partner please provide combined expenses.

ricase provide a breakdovin	or room forthightly income a	на ехрензез. н уба	nave a pararer picase provide combinea expenses.			
Fortnightly Living Expenses ((2 weeks)	Fortnightly Income (2 weeks)				
Avondale Residential Fees	\$	Centrelink Payments	\$			
Rent/Board/Mortgage	\$	(Youth allowance, Au	ustudy, Abstudy, Disability, Parenting etc.)			
Food (include takeaway)	\$	Employment	\$			
Gas/Electricity	\$	Assistance from Family \$				
Car Running Expenses	\$	Child Support	\$			
Transport	\$	Other	\$			
Phone	\$	Other	\$			
Educational Incidentals	\$					
Childcare (if required)	\$					
Medical Expenses	\$					
School Fees (dependent's only)	\$					
Credit Card	\$					
Other	\$					
TOTAL	\$	TOTAL	\$			
	Total Inco	me – Total Expenses	\$			

Have you any debts or financial commitments to a bank/financial institution, friends or family? Yes No

If YES, provide details:

Do you have a Commonwealth Supported Place (formally called HECS)? Yes No

If YES, are you paying: Upfront Deferring (Pay once you earn over the threshold)

Are you using FEE-Help or VET FEE-Help? Yes No

If NO, please explain why:



Do you hold or have you applied for any scholarships, bursary or sponsorships?

APPLICATION FORM



Yes	No
If Yes, provi	de details:
Do you qua	lify for the Employer Subsidy?
Yes	No
If Yes, which	h employing organization do your parent/s work for:
5. PERS	ONAL CIRCUMSTANCES
Do you hav	e dependents, other than children, and what level of care do they require? (eg. an elderly parent or a sibling who lives in or requires part time care)
Yes	No ide details:
If YES, prov	ide details.
Please comi	ment if you or any of your dependents have special needs, and the impact of this on your capacity to give time and attention to your studies.
Please provi	ide any further information related to your circumstances or other factors which may impact negatively on your life and capacity to give time and attention to
your studies	s (eg. a disability, from a rural/isolated area, difficult family circumstances, disrupted schooling, refugee, etc).
Please expla	ain why you are applying for this assistance.
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0.050	
6. DECL	ARATION
I decla	are that, to the best of my knowledge and belief, all the information I have provided is true and correct;
I have	included all the required documentary evidence as required in Section 7
Student Sig	inature: Date:
student SIG	nature: Date:





7. DOCUMENTARY EVIDENCE

Please provide COPIES of the documentation that you attached to this application. DO NOT SEND ORIGINALS as documentation will not be returned. If documentation relates to your family, you will need to provide supporting information regarding their relationship and dependency.

I have enclosed the following documentation (please tick where applicable):

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Section	≺ _	-inan	rial	I IATAIIC

Health Care Card

Pension Concession Card

Evidence of Youth Allowance, Austudy, Abstudy, etc...

Evidence of other income – Income Tax Return, payslip, Statutory Declaration etc...

Evidence of Significant Expenses – rent, mortgage, medical expenses, major debts, etc...

Other documentation to support to application (please specify)

Section 4 - Personal Circumstances

Caring for other's (eg. Doctor's letters)

Health and/or disability issues for self or others (eg. Doctor's or relevant professional letters)

Social disadvantage (eg. letter of refugee status, Guidance Counsellor's report, evidence of disrupted schooling, doctor's letter if not provided elsewhere)

FOR OFFICE USE ONLY

Date received: Received by:

Approved: Yes No Applied to account: