Economic Hardship Grant



APPLICATION FORM

Submit form by one of the following methods:

By email to studentfinance@avondale.edu.au

In person to Student Finance

By post to Student Finance, PO Box 19, Cooranbong NSW 2265 Australia

Phone +61 2 4980 2108

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 and have a demonstrated financial need.

The value of the grant is dependent on:

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

Application details

Applicants must complete all sections of the application;

Applicants must supply the required supporting documentation;

The supporting documentation required for this application is outlined in section 6;

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

Personal Details

Title:	Surname:		Given Name(s):	
Student Numb	er:			
Address:				
State:			Postcode:	
Country:				
Phone:				
Email:				
Domestic Stuc	ent:	International Student:		
Domestic student is defined as: An Australian Citizen, or; An Australian Permanent Resident, or; A Holder of an Australian Permanent Humanitarian Visa or; A New Zealand Citizen				
nternational Student is from any country other than Australia or New Zealand				
2. Academic Details				

What course are you enrolled in?

Have you previously	completed an under	graduate degree?	Yes	No
Are you a full time (24 credit points) student or completing at least 75% of a full time equivalent study load?				
Yes	No	Unsure		

My reasons for studying part time are: (please outline briefly and attach supporting evidence as detailed in Section 7)

3. Financial Details

All applicants are required to answer the questions in this section and provide documentary evidence in support of the application. If you are unsure of your income or expenses, please provide your best estimate.

Income and Assistance

PART A: W	Who is currently listed as your fee	e payer (tick)	Self	Parents	Guardian	Other	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	e ticked Self or Other proceed to P, e ticked Parents or Guardian proc						
PART B: D	Do you receive financial assistanc <i>If YES, provide details:</i> Total Household Income per y	5 1		er? Yes	No		
	<\$25k	\$25k - \$50k		\$50k - \$75k	\$7	5k - \$100k	>\$100k
	Number and ages of Househo	la Dependents:					
PART C: D	00 you receive government assis If YES, provide details, if NO, state		Allowance, A	Austudy or Abstudy	/? Yes	No	



Economic Hardship Grant

APPLICATION FOR	M		
Employment DURING SEMESTER			
Name of Employer:			
Hours worked per fortnight:			Ne
DURING SEMESTER BREAKS			
Name of Employer:			
Hours worked per fortnight:			Ne
Do you have any other incom	e? Please provide details:		
Estimated Tax Return for Curr	rent Financial Year: \$		
4. Fortnightly Bu Please provide a breakdown	udget of YOUR fortnightly income	and expenses. If you	have
Fortnightly Living Expenses	(2 weeks)	Fortnightly Incom	е (2 и
Avondale Residential Fees	\$	Centrelink Paymen	ts \$
Rent/Board/Mortgage	\$	(Youth allowance, A	lustu
Food (include takeaway)	\$	Employment	\$
Gas/Electricity	\$	Assistance from Fam	ily \$
Car Running Expenses	\$	Child Support	\$
Transport	\$	Other	\$
Phone	\$	Other	\$
Educational Incidentals	\$		
Childcare (if required)	\$		
Medical Expenses	\$		
School Fees (dependent's only	y) \$		
Credit Card	\$		
Other	\$		
TOTAL	\$	TOTAL	\$
	Total I	ncome – Total Expense	s\$
		i i i i i i i i i i i i i i i i i i i	

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?

Yes No

Phone: +61 2 4980 2122 | Fax: +61 2 4980 2124 | PO Box 19, Cooranbong NSW 2265, AUSTRALIA Avondale University Limited | ABN: 53 108 186 401 | CRICOS Provider No: 02731D | TEQSA: PRV12015 | RTO: 91191





Net fortnightly wage (after tax):

Net fortnightly wage (after tax):

have a partner please provide combined expenses.

ne (2 weeks)

Austudy, Abstudy, Disability, Parenting etc.)

Economic Hardship Grant

APPLICATION FORM

If Yes, provide details:

Do you qualify for the Employer Subsidy?

Yes No

If Yes, which employing organization do your parent/s work for:

Personal Circumstances

Do you have 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

If YES, provide details:

Please comment 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 provide 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 (eg. a disability, from a rural/isolated area, difficult family circumstances, disrupted schooling, refugee, etc...).

Please explain why you are applying for this assistance

6. Declaration

I declare 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 Signature:

Date:



Economic Hardship Grant

APPLICATION FORM

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):

Section 3 - Financial Details

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 ON	ILY	
Date received	:		Received by:
Approved:	Yes	No	Applied to account:



