

Bursary Assistance Form

Student Fees 2018

The College understands that circumstances change for some families, making it difficult to meet financial obligations in the short term. The College has a genuine desire to help families afford a quality education for their children and therefore offers several forms of assistance. This may include Bursary Assistance for families experiencing severe financial difficulties.

Students with a genuine need who would like to be considered for Bursary Assistance are required to complete the attached form.

Please note that:

- Completing this form does not mean that Bursary Assistance will be granted
- The amount of assistance applied is at the discretion of the College and will be made known to successful applicants only
- Any Student Fees that remain payable after assistance has been applied must be paid on time
- Bursary Assistance is offered in response to a short term financial need and is not necessarily guaranteed for subsequent years

The College has processes and procedures in place to protect the personal information it holds from misuse, loss, unauthorised access, modification or disclosure by use of various methods. The information provided in this form is for use by the appropriate SEDA College staff to assess the application.

A. STUDENT DETAILS

Details of students enrolled at SEDA College (Victoria) in 2018:

	First Name	Surname	2018 Year Level	Assistance Requested (\$)
1				
2				

B. FAMILY DETAILS

Is the student living independently?

- Yes Go to Section E, below
- No

Is this a separated family?

- Yes
- No Go to Section C, below

If 'Yes', is the information for both signatories to the enrolment included in Section E below?

- Yes
- No Please provide the name and contact details of the other signatory who will be providing information separately: _____

C. CONTACT INFORMATION

	Mother/Guardian 1	Father/Guardian 2
Name:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Occupation:	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	<input type="text"/>
Telephone:	<input type="text"/>	<input type="text"/>

D. OTHER DEPENDANTS

Please provide details of all other dependants living at the above address. Dependants include full time students and children below school age.

	First Name	Surname	Date of Birth	Year Level in 2018	School/Educational Institution
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E. ESTIMATED GROSS FAMILY INCOME 2018

Please complete the table below, stating what you believe your family's Average Gross Fortnightly Income will be from all sources before tax for 2018. Do not include expenses.

Source	Average Gross Income Per Fortnight (\$)		
	Mother/Guardian 1	Father/Guardian 2	Student Living Independently
1 All Centrelink & Family Tax Payments			
2 Salary/Wages			
3 Income from business or partnership			
4 Drawings from business, partnership, company & trusts			
5 Interest			
6 Income from Board/Rental Property			
7 Income from trusts/estates			
8 Maintenance and child support			
9 Income from any other source (please state source _____)			
ESTIMATED TOTAL FORTNIGHTLY INCOME	\$	\$	\$

F. SUPPORTING DOCUMENTATION

Please attached the following documentation to support your application:

- An Income Statement from Centrelink
- A copy of your Concession Card (if applicable)
- Statement of salary/wages from your Employer

These documents will ensure that all information is accurate and will enable us to assess all applications appropriately.

G. OTHER INFORMATION

Is there any other information or circumstances that you feel the College should know about when assessing your application?

H. BURSARY ASSISTANCE APPLICATION AUTHORISATION

I/We acknowledge that the above information provided to the College to consider this application for Bursary Assistance, and all correspondence regarding this application, shall remain confidential.

I/We certify that the information provided in this document is true and correct and that nothing has been omitted that could lead the College to make an incorrect assessment and that all relevant supporting documentation is attached.

I/We consent to discussing any aspect of this application with an authorised representative of the College.

I/We agree to notify the College of any significant changes in our circumstances that may affect our application.

Name

Signature

Date

Please print, sign and return this completed form to finance@seda.vic.edu.au.

The applicant will be contacted by SEDA College Finance within 30 days of receipt of all required documentation with a decision regarding the application. The completed application and the required supporting documentation must be received before this application can be assessed.

Any queries regarding this form should be directed to SEDA College Finance via email at finance@seda.vic.edu.au or phone 1300 11 7332.

OFFICE USE ONLY

Student 1 ID
Student 2 ID

Debtor ID
Split Debtor ID

Date Received