

SECTION A: APPLICANT

This section relates to the parent (or	guardian) of the Scholarship applican	t.	
Name:			
((Given Names)	(Surname)	
Residential Address:			
	Postcode:	Telephone Number:	
Postal Address:			
	Postcode:	Email address:	
Date of Birth:	Marital Status:	No of dependants:	
Employer's Name and Address:			
	Postcode:	Telephone Number:	
		of work performed:	
-		or work performed.	
SECTION A: APPLICANT'S SPOUSE			
	ne person who resides with the Applican n) for whom the application is being ma		
Mr/Mrs/Miss/Ms:			
	Given Names)	(Surname)	
Residential Address:			
	Postcode:	Telephone Number:	
		-	
		 Email address:	
Date of Birth:		No of dependants:	
Employer's Name and Address:			
	Postcode:	Telephone Number:	
Occupation:	Nature	Nature of work performed:	
Date commenced with this employ	er:		



SECTION C: CHILDREN

This application is for the following child:		
First Name:	Family Name:	Age:
School currently attended:		Year:
Details of other dependant children:		
First Name:	Family Name:	Age:
School or other institution attended:		Year:Year
First Name:	Family Name:	_Age:
School or other institution attended:		Year:
First Name:	_Family Name:	_Age:_
School or other institution attended:		Year:
If parents are divorced or separated, indicate the	e living arrangements for the child (children	n).
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SECTION D: FINANCE

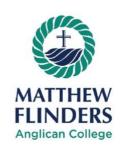
- Income and Expenses should be given as annual amounts.
- Income should be stated at gross current rates, before tax and other deductions (they are to be included separately).
- Expenses should be estimated for the next 12 months, based on actual expenses in previous years.
- A copy of your last income tax return and assessment must be provided. If both parents or guardians work, the taxation documents for both must be included.

INCOME (Ann	nual)		\$
-	Salary	- Applicant	
		- Applicant's spouse/co-guardian	
-	Dividends		
-	Businesses (net profit)	
-	Interest		
-	Property		
-	Superannuat	tion	
-	Other source	es of income	
Do you or any members of your family receive social security or other welfare payments? Yes \square No \square			
Indicate the so	ource of these	e payments and the amount(s) received.	
Do any of you	r children rec	eive Austudy or any other government	
educational as			
Provide detail	S:		
		your family beneficiaries or entitled to be beneficiaries er estate? Yes \(\square\) No \(\square\)	
Provide detail	S:		
Do you, or any from relatives		your family receive any financial assistance	
Provide detail	s:		
Other			
ANY COMMEN	VTS:	TOTAL INCOME:	\$
EXPENSES (Ann	nual)		\$



	- Superannuation		
	- Mortgage / rent payments		
	- Other loans / hire purchase		
	- Domestic expenses (food, clothing, household requisites, etc.)		
	- Insurance (house, life, medical, personal accident, salary continua	nce, etc)	
	- Motor vehicle running expenses (registration, insurance, petrol, m	aint. etc)	
	- Telephone		
	- Electricity/Gas		
	- Rates		
	- Education expenses - total fees and charges being paid this year to	:	
	Schools		
	Dependant children at Tertiary institutions		
	- Other (please specify)		
	т	OTAL EXPENSES:	\$
ASSETS:	Current Value		
			\$
	- House		
	- Other Property		
	- Motor Vehicle (s)		
	Year		
Make	Year		
	- Motor Vehicle (s)		
Caravan			
- Boat			
Furniture	e and appliances		
- Jewelry			
- Personal	effects		
· Bank/Bu	illding Society etc. Accounts:		
<u></u>		<u></u>	
- Investme	ents, Bonds, Debentures, Shares etc. (specify)		
Life Insu	rance policies (specify)		
Other (sp	pecify)		
	Т	OTAL ASSETS	\$

LIABILITIES Current Value



- Mortgage	Original Date:	Original Amount:	
	(Mortgagee)	
- Bank Loans			
	(Bank (s))	
- Personal Loan	as .		
	(Finance Company (s))	
- Credit Cards_		Limit:	
		Limit:	
		Limit:	
- Hire Purchase			
(Finance Compa	any (s))	
- Trade Accounts (Stores, electricity etc.)		Limit:	
		Limit:	
- Other			
		TOTAL LIABILITIES	\$
ANY COMMENT	S:		
SECTION E: REFE	EREES		
If there are any details.	third parties who would be prepared	to verify your financial and/or personal circu	mstances provide
uetalis.			
Name:			
<u> </u>			
		Telephone Number:	
1 031(1011		Telephone Number	
Name:			
Position:		Telephone Number:	

SECTION G: DECLARATION



The information above is given to assist the College in evaluating my (our) application and is to be kept strictly confidential.

I (we) declare that all of the information given above is true a	and to the best of my (our) knowledge or belief.
Signature of Applicant	
Signature of Applicant's spouse or co-guardian	
Date	
Please upload this Financial Statement and the copies of both documents to your Principal's Scholarship application.	n parents/guardians' Income Tax return and assessmen