



**Residential  
Services**  
Living@LaTrobe



**LA TROBE  
UNIVERSITY**

## **Division of Residential Services Bursary Application Form 2009**

### **Application for Residential Student Bursary:**

#### **1. Eligibility:**

To be eligible for a bursary, you must be undertaking full-time study and:

- Demonstrate a need for financial assistance,
- Be eligible for, and make an application for, the Commonwealth Accommodation Costs Scholarship,
- Be a HECS liable student who is deferring HECS in full,
- Have to reside away from home in order to attend university?

Please also note:

- *Recipients of another major scholarship, worth over \$2500 per annum, will only be considered in extreme cases.*
- *Lodging an application will not guarantee a bursary will be awarded*
- *Priority will be given to commencing students*

#### **2. Evidence of financial need:**

- You must provide detail demonstrating your financial need though predicted income, expenditure and financial status. You must attach photocopied, certified documentation as evidence to support your application.

Please also note:

- *Photocopies must be certified by someone listed in the statutory declaration section?*
- *All confidential information will be shredded after bursary allocations are made.*

#### **3. Personal Submission**

- Please attach a personal statement in support of this application, in relation to financial circumstances, academic ability and performance, or other relevant additional information (*no more than one page*)

#### **4. Supporting Statement**

- You may also wish to attach a statement from a relevant professional with knowledge of your situation who supports your application (*no more than one page*)

#### **5. Statutory Declaration**

- Each applicant must complete the Statutory Declaration attached.

#### **6. Conditions**

- The bursaries are valued between \$750 and \$1,500 and payable upon confirmation of enrolment in each semester course. The Selection Committee may, in demonstrated cases of extreme hardship, allocate larger bursaries. The bursary will be allocated each semester as a pro-rata credit against individual student residence accounts to reduce accommodation fees.
- Applications close 29 February 2009.
- Student remaining in residence for the year and will be subject to review for satisfactory behaviour and academic performance
- A high level of involvement in residential life is expected.
- The duration of the scholarship is for one year only, however returning students may reapply each year that they continue living in residence.



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### **Section 1 – Personal and Academic Details.**

Family/Surname: \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Given Names: \_\_\_\_\_

Course Enrolled in: \_\_\_\_\_  
(please attach photocopy of statement of enrolment)

Year enrolled (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> or postgrad): \_\_\_\_\_ Student No. \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone numbers:

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work: \_\_\_\_\_ Fax: \_\_\_\_\_

**Did you apply for a Commonwealth Accommodation Costs Scholarship for this year?**

Yes  No

**Have you been awarded a Commonwealth Accommodation Costs Scholarship for this year?**  Yes  No

**Will you or do you expect to be enrolled in:**

A Commonwealth Supported Place (CSP) - paying HECS OR  
 A full fee paying place

#### **Social or educational disadvantage**

If you identify as a member, or have experienced any of the circumstances, listed below, you must provide more information about how these experiences have disadvantaged you in relation to university study (*in your personal statement - section 3*)

Please tick below as appropriate (you may tick more than one):

- a person with an ongoing disability or medical condition
- a mature age student
- disrupted schooling that still impacts on your ability to study
- family responsibilities impacting on study
- difficult home circumstances impacting on education
- other factors that limit your ability to study at university

**How far is it from your permanent address to the campus where you will study in 2009?**

less than 100 km  101 – 200 km  201 – 300 km  more than 300 km

**Why do you need to move away from your rural/regional area to undertake your studies?**

- Distance to campus where preferred course offered
- Access to reliable & affordable transport
- Time lost travelling to and from campus
- Cost of travelling to and from campus
- Course choice/availability at preferred La Trobe campus
- Limitations on your mobility due to disability and/or carer responsibilities
- Personal or other circumstances – (*give details in your personal statement - section 3*)



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**Section 2 – Expected Income and Expenditure.**

Complete the table below as accurately as possible, indicating which forms of income you expect to receive in 2009, and how much **per fortnight**. Tick all items that are relevant. Please make realistic estimates if you do not know exactly what your income will be in 2009. If you do not know your eligibility for a Centrelink benefit, you must obtain advice from Centrelink before completing this section. Go to [www.centrelink.gov.au](http://www.centrelink.gov.au)

You must supply supporting evidence for each form of income you indicate. For example:

- Centrelink Youth Allowance Statement
- PAYG Payment Summary
- Evidence of part-time work
- ATO notices of assessments
- Health care cards, pensioner concession cards, exceptional circumstances certificate etc.
- You also need to provide details of your parents' income such as ATO statements.

If you have a partner, include the fortnightly income for both you and your partner for each type of income that either or both of you receive.

<b>Government financial assistance</b>		Net amount per <b>fortnight</b> you (& your partner) expect to receive in 2009
<input type="checkbox"/>	(1) Youth Allowance	\$
<input type="checkbox"/>	(2) Austudy	\$
<input type="checkbox"/>	(3) ABSTUDY	\$
<input type="checkbox"/>	(4) Newstart Allowance	\$
<input type="checkbox"/>	(5) Disability Support Pension	\$
<input type="checkbox"/>	(6) Carer Payment	\$
<input type="checkbox"/>	(7) Age Pension/Widow's Pension	\$
<input type="checkbox"/>	(8) Health Care Card	\$
<input type="checkbox"/>	(9) Parenting payment – single	\$
<input type="checkbox"/>	(10) Parenting payment – partner	\$
<input type="checkbox"/>	(11) Other government benefits - provide details here:	\$
<b>Other (non-Government) income</b>		Net amount per <b>fortnight</b> you (& your partner) expect to receive in 2009
<input type="checkbox"/>	(12) Financial assistance from family, Whether as a payment to you or in kind. Tick if you expect to receive any kind of financial support from your family, estimate the value per fortnight, and write the \$ amount in the space provided. Below are <b>examples only</b> , you do not have to tick each one. <input type="checkbox"/> assistance with rent or food payments <input type="checkbox"/> parents pay for books/equipment/transport costs etc <input type="checkbox"/> fortnightly allowance paid to you or into your bank	\$
<input type="checkbox"/>	(13) Paid employment	\$
<input type="checkbox"/>	(14) Scholarships, bursaries or grants - that you already know you will receive in 2009. Calculate an <b>average per fortnight</b> if paid in a lump sum. (Do <b>not</b> include the bursary you are applying for on this form). Write details of scholarship, grant or bursary here:	\$



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<input type="checkbox"/>	(15) Child support (from child's other parent)	\$
<input type="checkbox"/>	(16) Investment income, superannuation, honoraria - write details	\$
<input type="checkbox"/>	(17) Other income - write details here:	\$

**YOU MUST COMPLETE TOTAL INCOME AND NUMBER OF PEOPLE BELOW.**

Add all amounts in right hand column. TOTAL = your income per fortnight or the combined income for you & partner per fortnight:	<b>Total fortnightly income (a) \$</b>
How many people, including yourself, does your income (or you & your partner's combined income) support? Total number of people supported by this income:	<b>Number of people supported (b) _____ people</b>
If your income supports more than one person (ie you) divide the total fortnightly income (a) by the number of people it supports (b) and write the amount (c) in the space on the right	<b>Income per person (c) \$ _____ / person</b>

*Please provide below details of all your anticipated expenditure. You must estimate fortnightly dollar amounts for each heading.*

<b>Rent</b>	\$
<b>Food</b>	\$
<b>Transport</b>	\$
<b>Loan repayments</b>	\$
<b>Textbooks and University study needs</b>	\$
<b>Other please specify: -</b>	\$
-	\$
-	\$
<b>Total:</b>	\$

**Do you have an unusually high level of expenses as a result of special personal or health circumstances?** (eg special medical expenses relating to an ongoing illness or disability, additional transport or equipment expenses because of a disability, special expenses related to caring for someone else with ongoing special needs.)

Yes       No

*If YES, you should provide details of these expenses in relation to your particular situation in your personal statement .*





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**Section 4 – Supporting Statement.**

This section is OPTIONAL. Complete ONLY if you have included information in the Personal Statement that can be confirmed by a relevant professional person, for example, someone who has assisted you/your family in the circumstances you have described. The statement from the professional person should focus primarily on you and how the circumstances you have described might affect your ability to study at university. Detailed medical documents are not necessary.

If applicable to your circumstances (as advised above) please obtain and attach a signed & dated supporting statement from a relevant professional person, who should write ONLY to confirm or clarify the information you have provided in your Personal Statement in Section 3 above. It would be useful to show your Personal Statement/Section 3 to the professional person.

*The supporting statement should be a MAXIMUM of one A4 page. Their statement must be signed and dated. You must attach the supporting statement to your application before you submit it.*

Statement attached?                       YES                       NOT APPLICABLE

If YES, name of person providing statement: \_\_\_\_\_

Professional role or qualification (eg Dr., social worker etc): \_\_\_\_\_

*If the statement is not attached & signed, staff will not be able to follow up the missing or incomplete document.*

**Section 5 – Checklist**

Use the following check list to make sure you have not forgotten anything.

	YES	NO
I have read and understand the eligibility criteria and terms & conditions of the scholarships for which I am applying	<input type="checkbox"/>	<input type="checkbox"/>
I have completed all relevant sections of the application form and included copies of all the required documentation	<input type="checkbox"/>	<input type="checkbox"/>
I have checked all the information I have provided, for accuracy and completeness	<input type="checkbox"/>	<input type="checkbox"/>
I have completed, signed and attached my personal statement (section 3)	<input type="checkbox"/>	<input type="checkbox"/>
I have attached a signed statement from a professional person (section 4)	<input type="checkbox"/>	<input type="checkbox"/>
I have completed & signed the Statutory Declaration (section 5) and also had it signed by an appropriate person - attached as last document		
I have submitted evidence of financial situation - for example <ul style="list-style-type: none"> <li>• Current Centrelink statement</li> <li>• Copy of Health Care or Concession Card</li> <li>• Payslips</li> <li>• Tax return</li> <li>• Bank statement with wages deposited highlighted</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Any other supporting documents attached? Please list them here: <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

• **Staple or clip all the pages of your application & attachments together**



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- Send ONLY A4 pages (like this page) as attachments
- Do NOT use plastic sleeves
- Do NOT bind the application in any kind of folder

**Section 6 – Statutory Declaration**

*Applicants must include this signed statutory declaration to their application, witnessed by one of the following people who are authorised under the Act Justice of the peace; Barrister and Solicitor of the Supreme Court; Clerk of a court; the Registrar or Deputy Registrar of a Court; teacher employed on a full-time basis at a school or tertiary education institution; Member of State or Commonwealth Parliament; legally qualified & registered chiropractor, dentist, legal or medical practitioner, nurse, optometrist, patent attorney, pharmacist, physiotherapist, psychologist, trade marks attorney, veterinary surgeon; councillor of any local government authority; bank or credit union officer with more than five years of service; Minister of religion authorised to celebrate marriages; police officer; member of the Institute of Chartered Accountants in Australia or the Australian Society of Certified Practising Accountants. (or others listed at <http://www.ag.gov.au/statdec>):*

**I (your full name printed)**

\_\_\_\_\_,  
being the applicant for a LaTrobe Residential Service bursary, do solemnly and sincerely declare that the statements made in this application and in the accompanying documents are true in every particular, to the best of my knowledge and belief.

I also understand that the bursary assessment and allocation process is competitive, and that not all applicants who meet the eligibility criteria will be awarded a bursary.

I understand that if I provide inaccurate information in this application this may result in cancellation of a scholarship offer, or termination of a scholarship that has been paid, and refund to the University of any monies received by me.

Further, I understand that giving false and misleading information is a serious offence under the criminal code (Commonwealth). I make this solemn declaration by virtue of the *Statutory Declaration Act of 1959*.

**Declared at** \_\_\_\_\_ **(town)**

**on the** \_\_\_\_\_ **(day eg fifth)**

**day of** \_\_\_\_\_ / 2009 **(month)**

**Signature:** \_\_\_\_\_  
**(Sign your own signature in front of the witness)**

**Before me:** \_\_\_\_\_  
**(Signature of person authorised to witness Declarations)**

\_\_\_\_\_  
**(Print name of person authorised to witness Declarations)**

\_\_\_\_\_  
**(Person's qualification/position from the list above that allows them officially to witness the Declaration - for example: pharmacist, university lecturer, accountant, Justice of the Peace, dentist, nurse etc)**