

Bursary Application Form 2021

APPLICATION FOR RESIDENTIAL STUDENT BURSARY

1. Eligibility

To be eligible for a bursary, you must be undertaking full-time study and a current resident within LaTrobe Accommodation Services.

Your application for a bursary must include proof of:

- A need for financial assistance
- A need to reside away from home in order to attend La Trobe University

Please note that residents, who are recipients of another major scholarship, worth over \$2500 per annum, are not eligible to apply for a bursary. Also that the lodging of this application does not guarantee a bursary will be awarded

2. Evidence of Financial Need

You or the person/s responsible for making financial payments must provide evidence demonstrating the financial need through predicted income, expenditure and financial status.

You must attach photocopied, certified documentation as evidence to support your application.

All photocopies must be certified by someone listed in the statutory declaration section.

3. Personal Statement

A personal statement is required to support your application. The personal statement must not exceed one typed page and provide information to support other evidence in your application. You must include information on your financial circumstances, academic ability and performance, or other relevant additional information.

4. Application Date

Students may apply for a bursary at any time during the academic year.

5. Conditions

The following conditions apply to awarded bursaries:

- Bursaries are awarded as a rental credit on student's residential accommodation account
- Students whose applications are declined may appeal the decision or reapply at a later stage, providing further evidence of financial need or a significant change in circumstances.
- All bursaries are offered under the condition of remaining in residence for the term of their contract. Students
 who vacate prior to the end of their term will be required to repay a pro rata amount of their bursary (sliding
 scale based on date).

SECTION 1 – PERSONAL AND ACADEMIC DETAILS

Please provide the following details:

	·
Date of Application	
Surname	
Given Name	
Date of Birth	
Residence	
Campus	
Course	
Year of Study	
Student No.	
Permanent Address	
Contact No.	
Email	

Administration Only Section		
Date Received:		
Date Assessed:		
Amount Awarded (if successful)		
Date Credited to Account:		

Please respond to the following questions:

				Yes	No
Are yo	u the recipient of any oth	er schola	rship? (including LTU, Residential,		
· ·	nment or Centrelink scho				
If 'Yes'	please provide name and	amount	awarded:		
	u or do you expect to be HELP fees?	enrolled	in a Commonwealth Support Place		
Do you	ı identify as a member. oı	have vo	u experienced any of the following		
_		-	your personal statement.		
	A person with an ongoing	ng disabil	ity or medical condition?		
-	-	-	pacts upon your ability to study?		
-	Family responsibilities in	mpacting	on study		
•			pacting on your education		
•	Other factors that limit	your abil	ity to study at University		
Do you	ı have an unusually high l	evel of e	xpenses as a result of special		
person	al or health circumstance	es?			
(e.g. sp	ecial medical expenses re	lating to	an ongoing illness or disability,		
additio	nal transport or equipme	nt expens	ses because of a disability, special		
expens	es related to caring for so	meone el	lse with ongoing special needs. Please		
provide	e details in your personal s	statemen	t.)		
How far	is it from your permanen	t home a	address to the campus where you will st	tudy?	
	less than 100 km		101 – 200 km		
	201 – 300 km		more than 300 km		
Why do	you need to move away f	from you	r regional area to undertake your studi	es?	
☐ Distar	nce to campus where pref	erred cou	urse offered		
☐ Acces	s to reliable & affordable	transport	t		
□ Time	lost travelling to and from	campus			
☐ Cost o	of travelling to and from ca	ampus			
☐ Cours	e choice/availability at pr	eferred L	a Trobe campus		
☐ Limitations on your mobility due to disability and/or carer responsibilities					
□ Perso	nal or other circumstance	s – (give	details in your personal statement)		

SECTION 2 – EXPECTED INCOME AND EXPENDITURE

Complete the tables included as accurately as possible, indicating which forms of income you expect to receive.

Provide financial information for all items that are relevant.

Please make realistic estimates if you do not know exactly what your income will be.

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

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.

Please note: All confidential information will be shredded at the conclusion of each calendar year

		Net amount per fortnight
	Income (Government or Other)	you (& your partner) expect to receive
	Youth Allowance	\$
	Austudy	\$
	ABSTUDY	\$
	Newstart Allowance	\$
	Disability Support Pension	\$
	Carer Payment	\$
	Age Pension/Widow's Pension	\$
	Parenting payment – single	\$
	Parenting payment – partner	\$
	Scholarship (if annual amount, divide by 26)	
	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 <i>examples only</i> : assistance with rent or food payments parents pay for books/equipment/transport costs etc fortnightly allowance paid to you or into your bank	\$
	Paid employment	\$
	Child support (from child's other parent)	\$
	Investment income, superannuation, honoraria - write details:	\$
	Other income/ government benefits - write details here:	\$
	TOTALS	
Fort	nightly Income (add all amounts in right column)	\$
	ual Income Itiply income per fortnight x 26 weeks)	\$
	many people, including yourself, does your income (or you & your ner's combined income) support?	

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

EXPENDITURE	
Rent	\$
Food	\$
Transport	\$
Loan repayments	\$
Other please specify: - i.e. textbooks and study needs	\$
-	\$
-	\$
TOTALS	
Fortnightly Expenditure (add all amounts in right column)	\$
Annual Expenditure (Multiply income per fortnight x 26 weeks)	\$

Overall Income & Expenditure	
Total Annual Income	\$
Total Annual Expenditure	\$
Difference (Income – Expenditure)	

SECTION 3 – PERSONAL SUPPORTING STATEMENT

- If you do not provide a statement, your application may be disadvantaged
- Your statement must be a maximum of one A4 page
- Type your statement on a separate page and attach it to the application with your name, signature and the date <u>OR</u>
- Use this page to write your statement clearly, and make sure it has your name, signature and the date clearly marked in the spaces provided

Name of applicable	Cianatura	Date
Name of applicant:	Signature:	Date:

SECTION 4 – 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 bursary for which I am applying		
I have completed all relevant sections of the application form and included		
copies of all the required documentation		
I have checked all the information I have provided, for accuracy and		
completeness		
I have completed, signed and attached my personal statement		
I have submitted evidence of financial situation - for example		
Current Centrelink statement		
Copy of Health Care or Concession Card		
• Payslips		
• Tax return		
Bank statement with wages deposited highlighted		
Any other supporting documents attached? Please list them here:		
•		
•		

- Staple or clip all the pages of your application & attachments together
- Send ONLY A4 pages (like this page) as attachments
- Do NOT use plastic sleeves
- Do NOT bind the application in any kind of folder

All confidential information will be shredded at the conclusion of each calendar year

SECTION 5 – 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, trademarks 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)	,
	Service bursary, do solemnly and sincerely declare that the statements made documents are true in every particular, to the best of my knowledge and
I also understand that the bursary assessmen the eligibility criteria will be awarded a bursa	t and allocation process is competitive, and that not all applicants who meetry.
	mation in this application may result in cancellation of a bursary offer, or to me, and reimbursement of such monies are payable to the University by
	d misleading information is a serious offence under the Criminal Code ation by virtue of the Statutory Declaration Act of 1959.
Declared at:	(town)
on theday of	(month)
Signature:	(Your signature in front of authorised witness)
Before me:	
(Signature of authorised witness)	(Print name of authorised witness)
(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.)