



STUDENT FINANCIAL ASSISTANCE SCHEME APPLICATION

STUDENT DETAILS

Student No: _____

Date of Birth: _____
(DD/MM/YYYY)

Surname: _____ Given Names: _____

Phone Nos: Term: _____ Home: _____ Email: _____

Term/Mailing Address: _____

_____ Postcode: _____

Home Address: _____

_____ Country: _____

****It is your responsibility to notify the University of any change of address within 7 days***

Enrolment Type <i>(Circle answer)</i>	Domestic Full Time	On Campus	Off Campus
	Domestic Part-Time	On Campus	Off Campus
	International Full Time	On Campus	Off Campus
	International Part-Time	On Campus	Off Campus

COURSE DETAILS

Degree/ Award _____

School: _____ Trimester _____ or English Program: _____

Year of Course _____ Anticipated Year/Trimester Completion _____

FINANCIAL STATEMENT

FORTNIGHTLY

INCOME

Source of Income (eg Wages, Centrelink, Sponsor Stipend etc) _____ \$ _____

Partner/Spouse Income Yes/No _____ \$ _____

Other financial Assistance Yes/No Source _____ \$ _____

Total income \$ _____

RECURRING EXPENSES

Rent/Board/UNE Accommodation *(including mortgage repayments)* \$ _____

Gas/Electricity/Telephone \$ _____

Housekeeping/Food \$ _____

Other Household expenses *(eg insurance)* _____

Fares/Vehicle Expenses *(eg petrol, insurance, registration)* \$ _____

Educational Incidentals *(excluding text books and fees)* \$ _____

Entertainment \$ _____
Other (eg child care costs, personal loans, credit cards etc) \$ _____
Total recurring expenses \$ _____

ASSETS (eg bank accounts, vehicles, equipment etc, please list)

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

PURPOSE OF LOAN (Documentation to support the application may be required)

Amount of Loan requested: _____

STATUTORY DECLARATION

I (full name) _____

of (address) _____

do solemnly and sincerely declare that the statements made in the application for assistance are true in every particular, and I make this solemn declaration by virtue of the Oaths Act, 1990, conscientiously believing the statements contained therein to be true in every particular.

DECLARED AT _____

On this _____ day of _____

Signature of Declarant

I, _____, a _____
[name of authorised witness] [qualification of authorised witness]

certify the following matters concerning the making of this *statutory declaration/affidavit by the person who made it:

1. *I saw the face of the person OR *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering.
2. *I have known the person for at least 12 months OR *I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was _____

[signature of authorised witness]

[date]

