



# Emmanuel Catholic College

122 Hammond Rd  
SUCCESS WA 6964

Tel: (08) 9414 4000  
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ABN: 73 382 297 575

## Bursary Application for the Year \_\_\_\_\_

Please submit this form in a sealed envelope to 'Principal – Confidential'

Details of Parent or Guardian:

Application Year: \_\_\_\_\_

Family Name: \_\_\_\_\_

Phone: (H) \_\_\_\_\_

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

Phone : (W) \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone: (M) \_\_\_\_\_

Family Situation: Married/Separated/Divorced/Widow(er)/Other: \_\_\_\_\_

	<u>Occupation</u>	<u>Employer</u>	<u>Hours Worked per Week</u>
Father:	_____	_____	_____
Mother:	_____	_____	_____

<u>Dependent Children</u>	<u>Age</u>	<u>School (if applicable)</u>	<u>Year</u>	<u>School Fees (per annum)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you hold any of the following concession cards?

Pensioner Concession Card  Health Care Card  Veteran Affairs

Reason for application: (please tick selection)

Financial Hardship  Other (eg Fee payment time extension)

Please provide brief background information in support of this application and complete the application by filling in the details on the reverse on this form.

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**Statement of Income & Expenditure**

Please indicate whether information is:  Weekly  Fortnightly  Monthly

Income	\$	Office Use	Expenditure	\$	Office Use
Business - Gross Sales			House/Mortgage/Rent/Board		
- Net Profit			Other Loans		
Salary (after tax) - Self					
-Spouse					
Child Support					
Part Time Employment			Credit Card Payments (specify)		
Family Board & Lodgings					
Dividends					
Interest			Lease Rental (expiry 20__)		
Rent			Paid to		
Commissions			Tax (if not deducted from income)		
Workers Compensation			Insurance - Life		
Family Tax Benefit Part A			- Home & Contents		
Family Tax Benefit Part B			- Health		
Parenting Payment			Car Reg/Insurance/Running costs		
Youth Allowance			Rates - Council		
Austudy			- Water		
Maintenance			Electricity/Gas/Water		
Sickness Allowance			Education Costs		
Newstart Allowance			Living Expenses - Food		
Partner Allowance			- Clothing		
Carer Payment			- Personal		
Disability Support Pension			Medical		
Rent Assistance			Internet/Home Telephone		
Other Income (specify)			Mobile Telephone		
			Entertainment		
			Other (specify)		
Total Income			Total Expenditure		
Less Total Expenditure					
Uncommitted Funds or Shortfall (show in brackets)					

Assets	Current Value	Office Use
Home (principle Place of Residence)		
Home (Holiday Property)		
Home (Investment Property)		
Motor Car Make Model/Year		
Motor Car Make Model/Year		
Boat/Caravan/Jet Ski/Debentures		
Shares/Investments		
Bank and other Financial Institution Accounts		
Other Assets (specify)		

**This application must be accompanied by photocopies of the following** **Tick box to indicate attached**

Your most recent Tax Return and Notice of Assessment

Pay slip(s) or Statement of Earnings from Employer(s)

Centrelink Statement of Income and copy of Pension/Health Care Card

Note these applications are treated in strict confidence. The College criteria needs to be met for the assessment of these applications. Parents/ (Guardian/s) are informed in writing of the outcome of their assessment. The Bursary is applicable for the current year and **applies to the tuition fee only**, all other charges are payable in full. Parents (Guardian/s) are required to reapply for consideration for renewal at the commencement of each school year.

I/We declare that the information provided in this document is a true and accurate record of my/our current financial and asset position.

**Signature:** Father / Guardian \_\_\_\_\_ Mother / Guardian \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_