



**Confidential**

**Application for Bursary**

A small number of Bursaries are offered each year for students from Years 7 to 11 based on financial need and are determined by the Principal and Business Manager.

Recipients are those students that the College believe already demonstrate the values of the College including active leadership and will contribute fully to the academic and co-curricular programmes of the College.

Please note, that after the initial year, students are expected to apply for a scholarship in their field of choice (Academic, Sporting, Performing Arts) or resubmit an Application for Bursary for the following year.

Bursarial assistance can only be provided to assist with general tuition fees. Payment of the other levies, camps, booklists, uniforms, etc remain the responsibility of the parent/guardian and must be paid by the due date.

Please complete all sections prior to submission. Submission must include a portfolio of the student containing copies of the following:

- Last 2 School Reports
- Naplan Reports
- Documentation relating to achievements/selection (eg: sporting teams/ICAS certificates)
- References (eg: current school, sporting coach)

**APPLICANTS**

**Parent 1/Guardian:**

\_\_\_\_\_

Residential Address:

\_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_



**Parent 2/Guardian:** \_\_\_\_\_

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

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

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

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Total Number of Dependent Children in Family: \_\_\_\_\_

If parents are divorced or separated, please indicate the living arrangements for the child

With Mother \_\_\_\_\_

With Father \_\_\_\_\_

Other \_\_\_\_\_

**STUDENT**

Surname: \_\_\_\_\_ Given Name/s: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ 2020 Year Level: \_\_\_\_\_

School currently attending: \_\_\_\_\_

Type of Bursary (please circle) Academic                      Sporting                      Performing Arts

On the understanding that Financial assistance must be strictly limited due to budgetary constraints, please indicate below why you consider a bursary should be awarded to this student. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**FINANCIAL ASSISTANCE**

Please detail any financial assistance available or applied for (include any separate income available to the child). For example youth allowance, trust funds, other relatives, community group grant etc.

Source \_\_\_\_\_

Details \_\_\_\_\_

AMOUNT \_\_\_\_\_

**OTHER FINANCIAL INFORMATION**

Do you or your child hold shares or units in a Private or Public Company or a Discretionary or Unit Trust? YES/NO

Are you a beneficiary (either capital or income) in a Discretionary or Unit Trust? YES/NO

**BURSARY INFORMATION – FINANCIAL SUMMARY**

**PREVIOUS FINANCIAL YEAR** – Please indicate the year and complete **all** sections

**Family Gross Income and Support Per Fortnight**

Description	Amount per fortnight
Salary/Wages	
Government Support (Including Family Tax Benefit)	
Maintenance Income	
Other Income	
<b>Total Family Gross Income and Support Per Fortnight</b>	<b>(A)</b>

**Deductions Per Fortnight**

Description	Amount per fortnight
Tax	
Mortgage/Rent	
Utilities (Gas, Electricity, Phone, etc)	
Food	
Car Expenses	
Other (including credit/store cards)	
<b>Total Family Deductions Per Fortnight</b>	<b>(B)</b>
<b>Net Disposable Income Per Fortnight (=A-B)</b>	<b>\$</b>
<b>Amount Available for School fees and related school costs (per fortnight)</b>	<b>\$</b>



**SUMMARY OF CAPITAL ASSETS**

House	
Contents	
Motor Vehicles	
Investments/Savings	
Shares	
Other	

**COMMITMENT**

I/We hereby make application for fee assistance for the coming year. This application has been completed conscientiously believing that all details contained herein to be true and correct.

In the event this application results in a reduction of school fees payable I/we agree and accept the following conditions:

- To pay the balance of fees via the Direct Debit system over the school year (a Direct Debit Authority for the amount of the balance of the Tuition Fees must be signed and remain in force until all school fees are cleared).
- To advise the College of any change in financial circumstances that may occur during the term of a bursary.
- That the student will complete a Scholarship Application and sit the EDutest Scholarship test the following year in application for a Scholarship.
- That the amount of Financial assistance provided under this bursary may be different to an amount that may be offered under a scholarship in the following year

I/We declare that the information and documentation provided regarding our child’s academic and/or sporting successes and/or achievements is accurate.

I/We declare that we have disclosed all sources of income and support and that this application represents a full and complete disclosure of my/our family’s financial position, is true and correct in every form and is submitted in support of this application without reservation or exception.

I/We understand that in the event that a Debt Collection agency is required to be employed for the collection of an overdue account that I/we will be liable for collection costs incurred, if any.

I/We understand that application for, and award of, a bursary are confidential transactions between St John’s Anglican College and the Applicant. A breach of this may result in the bursary being terminated.



**Parent 1/Guardian**

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent 2/Guardian**

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please complete all sections prior to submission and ensure that all relevant documents are attached. Bursary applications cannot be processed until all documentation is received and signatures are applied.**

- School Reports (last two reports)
- NAPLAN Reports
- Documentation relating to achievements/selection
- References

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**OFFICE USE ONLY**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Documentation Correct: Y/N

Percentage Reduction Recommended:

25%

50%

75%

Business Manager: \_\_\_\_\_

Approved: Y/N

Principal: \_\_\_\_\_

Approved: Y/N