Debtor Number			
School Use Only			

Macquarie Anglican Grammar School

CONFIDENTIAL

Application for Bursary
Assistance towards Fees

APPLICANT(S) – (to include all persons who are party to the Enrolment Contract)

	Applicant 1	_	Applicant 2
Title			
Full Name		=	
Residential Address		=	
Telephone Number - Home		-	
Telephone Number - Mobile		•	
Postal Address (if different from residential address)		-	
Date of Birth		-	
Marital Status		Ē	
Number of Dependents (for applicant 2, please only enter if in addition to applicant 1)		-	
Employer's Name and Address		-	
Employer's Talonkons		-	
Employer's Telephone			
Current Occupation		=	
Nature of Work Performed		-	
Date of Commencement			
with Current Employer			
		L	

CHILDREN – This application is for the following child/children

1				
First Name		Family Name		
Age		School Year		
2				
First Name		Family Name		
Age		School Year		
3			•	
First Name		Family Name		
Age		School Year		
4		1	1	
First Name		Family Name		
Age		School Year		
Details of other dependen	t children:			
First Name		Family Name		
School or other instit attended	ution		Age	
2				
First Name		Family Name		
School or other instit attended	ution		Age	
If parents are divorced	or separated, please indicate t	he custodial arrang	ements for	the child/children:
				,

STATEMENT OF APPLICATION				
Provide a brief statement as to circumstances of the application)				
Independent schools operate on extren capacity to offer assistance to families w	nely tight margins and the Macquarie Anglican Grammar School has limited whose finances are stretched.			
 Your current family circumstance 	The degree to third you have nonedied your payment undertainings to the Haddanie inflicant drammar			
- The financial position of the Ma	cquarie Anglican Grammar School			
Please note: Each application approved will remain reapplication for further assistance.	current for the term approved (to a maximum of 12 months) and will require			
Please indicate below the period for which assistance is requested and indicate the proportion of school fees that you consider you are able to pay:				
One Term	Commencing: Term 1			
One Semester (two terms)	Term 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
One Year	Term 3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
one rear	Term 4			
	1 et iii 4 90			
assistance offered. Note: each application approved will require reapplication at the time of re	Grammar School reserves the absolute right to determine the amount of remain current for the term approved (to a maximum of 12 months) and will eview. Further assistance will only be granted with the approval of the School			
Council.				
For the period the child/children will attend the school, state the expected period:				
1st Child Years 2	And Child Years 3rd Child Years			

FINANCIAL POSITION OF APPLICANTS

Income and expenditure should be given as <u>annual amounts</u>
Income should be stated at gross current rates, <u>before tax and other deductions</u>
Expenses should be <u>estimated for the next twelve months</u>, based on actual past expenses
A photocopy of your last income tax return and assessment must be provided
(If both parents work, the taxation documents for both must be included).

INCOMES	ANNUAL	EXPENSES	ANNUAL
Salary - Applicant 1	\$	Taxation	\$
Salary - Applicant 2	\$	Superannuation & life Insurance	\$
Dividends	\$	Mortgage & Rent Payments	\$
Business (Net Profit)	\$	Other Loans	\$
Interest	\$	Hire Purchase	\$
Property	\$	Electricity/Gas	\$
Superannuation	\$	Rates	\$
Other Sources of Income	\$	Telephones	\$
Do you or any member of your family receive Social Security or maintenance or other welfare payments? Provide Details:	YES / NO	Domestic Expenses (Food, clothing, Household requisites)	\$
Do any of your children receive austudy or any other Government educational assistance? Provide Details	YES / NO	Motor Vehicle Running Expenses	\$
Are you or any members of your family beneficiaries or entitled to be beneficiaries under any trust, will or estate? Provide Details:	YES / NO	Education expenses being paid this year (fees & charges)	\$
Do you or any members of your family receive any financial assistance from relatives? Provide Details:		Other schools fees & tertiary education charges	\$
Other Income Provide Details:	\$	Other Expenses Provide Details:	\$
TOTAL INCOME		TOTAL EXPENSES	\$

ASSETS LIABILITIES

ASSETS	 LIABILITES	
House	\$ Mortgage Bank/ Building Society	\$
Other Property	\$ Bank Loans	
Motor Vehicles Types:	\$ Bank/ Building Society	\$
Caravan	\$ Personal Loans Bank/ Building Society	\$
Boat	\$	
Furniture & Appliances	\$	
Jewellery	\$ Credit Cards (Total Limit)	\$
Personal Effects	\$ Hire Purchase Finance Company:	\$
Bank/ Building Society A/c's	\$ Store Accounts	\$
Investments, Bonds, Shares Specify:	\$ Trade Accounts	\$
Other Assets Provide Details:	\$ Other Specify:	\$
TOTAL ASSETS	\$ TOTAL LIABILITIES	\$

OTHER Life Insurance Policies Insurers Total Sum Insured Superannuation Current Value

REFEREES

Are there any third parties who would be prepared to verify your financial and/or personal circumstances, please provide details. For self employed applicants one referee must be your current external accountant or tax adviser.

1 Name	
Address	
Position	Telephone Number
2 Name	
Address	
Position	Telephone Number

DECLARATION

We confirm that the information supplied in this Bursary Application is true and accurate and presents a fair and honest summary of my/our total financial circumstances at this time.

We understand that should Bursary assistance be granted, that it is my/our responsibility to proactively inform the Principal of any improvements in my/our financial circumstances and/or to any improvements in my/our income(s) whilst ever Bursary assistance is being provided to me/us.

The information provided in this Bursary Application is given to assist the Macquarie Anglican Grammar School with its evaluation of my/our application and that Macquarie Anglican Grammar School will keep the contents strictly confidential. For my/our part, the granting of any Bursary assistance will also be treated as a strictly confidential matter.

(Name)	of (add	ddress)
(Name)	of (ad	ddress)
inclusive of this document is a prop	er disclosure of full and co	clare that the information disclosed on page one to six orrect responses to the questions. I make this solemn by virtue of the provisions of the "Oaths Act of 1900-
Declared at	this	day of
Two Thousand and		
Applicants 1's Signature		Applicant 2's Signature
Before me		Justice of Peace
Signed		Number

Please return this form and the copies of your income tax documents in a sealed envelope addressed to The Principal and marked "Strictly Confidential"