









**3C. What is your fortnightly income and expenditure? (Supporting documentation required)\***

Please attach current evidence of the information provided above, eg. payslip, Centrelink statement, bank statement, rent receipts, gas, electricity, phone bills. To have your application considered, you MUST provide details as outlined. Applicants without supporting documentation will not be considered.

\*If dependent on parents or partner's income, please fill the following as household income/expenditure.

INCOME (Fortnightly)	\$	Document supplied	EXPENDITURE (Fortnightly)	\$	Document supplied
1. Employment:		Yes <input type="checkbox"/> No <input type="checkbox"/>	1. Food:		Yes <input type="checkbox"/> No <input type="checkbox"/>
2. From parents/family/spouse:		Yes <input type="checkbox"/> No <input type="checkbox"/>	2. Rent/Morgage:		Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Investment/business enterprise:		Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Services (e.g. electricity/gas/water):		Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Centrelink payment (Please specify):		Yes <input type="checkbox"/> No <input type="checkbox"/>	4. Telephone		Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Other (please specify below):			5. Transport/running costs:		Yes <input type="checkbox"/> No <input type="checkbox"/>
a.		Yes <input type="checkbox"/> No <input type="checkbox"/>	6. Dependants (e.g. children/school costs)		Yes <input type="checkbox"/> No <input type="checkbox"/>
b.		Yes <input type="checkbox"/> No <input type="checkbox"/>	7. Insurance (e.g. health/house):		Yes <input type="checkbox"/> No <input type="checkbox"/>
c.		Yes <input type="checkbox"/> No <input type="checkbox"/>	8. Loans (e.g. personal/car):		Yes <input type="checkbox"/> No <input type="checkbox"/>
d.		Yes <input type="checkbox"/> No <input type="checkbox"/>	9. Health/medical costs:		Yes <input type="checkbox"/> No <input type="checkbox"/>
e.		Yes <input type="checkbox"/> No <input type="checkbox"/>	10. Other (please specify below):		Yes <input type="checkbox"/> No <input type="checkbox"/>
f.		Yes <input type="checkbox"/> No <input type="checkbox"/>	a.		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Total Income:</b>			b.		Yes <input type="checkbox"/> No <input type="checkbox"/>
			c.		Yes <input type="checkbox"/> No <input type="checkbox"/>
			<b>Total Expenditure:</b>		

**3D. Give details of any dependents, eg. children (inc. their age), spouse/partner.**

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**3E. If you have a spouse/partner, please provide details of their employment and documented evidence of their annual income:**

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**3F. Do you live at home?:**

The number of brothers and/or sisters financially supported by your parents/guardians.  The number of other relatives financially supported by your parents/guardians.  Parents' annual income (provide documented evidence, including a parent's Centrelink details).

**3G. Have you received assistance from through a Holmesglen Access Scholarship previously?:**  Yes  No

**3H. Provide details of ONE referees (Referee to supply a written statement of support):**

Name:

Occupation:

Address:

Suburb:  State:  Postcode:

Home Telephone:  Work Telephone:  Mobile:

