

Personal Details

First Name:

Last Name:

Banner ID:

Date of Birth:

 / /

Course (please use accurate course title):

Email address:

Postal Address:

Suburb:

State:

Postcode:

Home Telephone:

Work Telephone:

Mobile:

Status (please tick)

Enrolment

- Enrolled
 Pre enrolled

Fees

- Paid
 Unpaid
 Payment Plan

Living circumstances

- No fixed address
 Living with Parents
 Living alone
 Living in shared accommodation
 Living with Partner

No. of dependent children in household:

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Additional Information:

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Employment/Financial

Select all that are relevant to you:

- Unemployed with no income support
 Government benefits (e.g. Centrelink Allowance/Pension/VET)
 Casual/Part-time
 Full-time
 Self-employed

Additional Information:

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Bank details

Name:

BSB: Account number:

Declaration

Applicants Name:

1. As a Student at Holmesglen Institute, I have not been suspended or had any disciplinary action taken against me.
2. I declare that the information on this form is true and accurate to the best of my knowledge.
3. I have made this claim for a Scholarship payment, fully aware that any false statements can lead to withdrawal/refusal of any financial support and may lead to me being prosecuted.
4. I understand that the application can be refused if all relevant information is not provided.

Applicants Signature: **Date:**

Counsellor/Welfare Worker's Name:

Counsellor/Welfare Worker's Signature: **Date:**

FOR OFFICE USE ONLY

Assistance requested Assistance Granted Application denied Reason:

Amount: \$ Amount: \$

Date received: **Response & outcome:**