



APPLICATION FOR FINANCIAL ASSISTANCE

PRIVATE AND CONFIDENTIAL

**Applicant Details:**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

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

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

**Contact Phone Numbers:**

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

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

**Student Details:**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

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

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

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

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

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

**Other Dependents Details:**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Age: \_\_\_\_\_ School Attending: \_\_\_\_\_  
(if applicable)

Reason for application (if insufficient space, please attach a letter to this application).

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**Position**

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Applicant's net (after tax) current monthly income \_\_\_\_\_

Spouse's net (a/tax) current monthly income \_\_\_\_\_

Details of employer provided benefits: (e.g. Superannuation, Motor Vehicle, Rent, Expenses)

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If you have any shares in private companies or interest in partnerships, please attach a copy of the last 3 years' accounts.

If you or any member of your family is a beneficiary of a Trust, please attach a copy of the last 3 years' accounts.

Does the Applicant or Spouse currently receive any financial assistance from any other source?

e.g. Child support, pension, dividends. Please provide details below:

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Have you applied for financial assistance from your bank, Landlord, or the Govt Agencies?

Yes / No  If no, why not?

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Please include a recent payslip for each parent.



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Your Financial Position (Summary)

**Liabilities**

Loans Type	Institution	Amount Outstanding

**Assets**

Property Value and Address	Valuation
Furniture	
Other	

**Credit Cards & Store Accounts**

Type	Credit Limit	Amount Outstanding

**Bank/Building Society/Credit Union etc.**

Organization	Amount

**Other Liabilities (Specify)**

Type	Detail	Amount

**Other Assets (Personal effects, etc.)**

Type	Detail	Amount
Car/s		
Boat/s		
Other		

**Total Liabilities** \_\_\_\_\_

**Total Assets** \_\_\_\_\_

**Expenditure Per Month**

Type	Amount
Estimated Living Expenses (Food, etc.)	
Insurance (Life, House, Contents, etc.)	
Rates (Council & Water)	
Electricity / Gas	
Telephone	
Petrol & Other Running Expenses	
Housing Loan Repayments	
Credit Card Repayments	
Store Card Repayments	
Rent / Board	
Brigidine Fees (without assistance)	
Education Expenses (non-Brigidine)	
Other Expenses	

**Total Expenditure** \_\_\_\_\_

**Income (Net) Per Month**

Type	Amount
Salary / Wages (After Tax)	
Income Spouse / Partner	
Regular Overtime / Second Job	
Pension	
Family Allowance	
Other Income	

**Total Income** \_\_\_\_\_



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Please specify any particular assistance that would assist your family in relation to our Tuition Fees, in the current COVID 19 crisis.

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I/We agree, to the best of my/our knowledge, that the information contained in this Application for Financial Assistance is correct.

Should any of the above circumstances change, I/We undertake to inform the Business Manager immediately.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please email completed form to: [bursary@brigidine.nsw.edu.au](mailto:bursary@brigidine.nsw.edu.au)**