The government provides each school with limited funds to support the children of families where there is genuine financial hardship. Assistance may be granted to a student where a clear case of need can be established.

The funds are administered by the Principal working with a small committee. This group has the task of allocating the funds fairly.

To apply for assistance, complete the attached form and return it to the Principal in a sealed envelope. If you would like further information or assistance with the form, or if your circumstances are exceptional – such as family illness or emergency – please contact Lesley Pring, the School Administrative Manager on 6555 0500.

Please note

- The Student Assistance Scheme is only available for the current year’s expenses and a payment plan needs to be arranged through consultation with the Principal or School Administrative Manager for any outstanding fees prior to 2014.

- Some of the items which could be covered through the Student Assistance Scheme include the following: subject fees, excursions, sport and uniform.

- It should be understood that the whole process is confidential. However, in order to properly assess the particular family circumstances, adequate information to support the application must be provided – current Centrelink Income Statement.

- Provision of assistance is not an automatic entitlement. As the funds are very limited, it is vital that you are able to support your application with the appropriate documentation.

Thank you.

Veronica Amato
Principal
Great Lakes College Tuncurry Campus
STUDENT ASSISTANCE SCHEME
Application Form

1. PERSONAL DETAILS

Students Name: __________________________  _____________________________
(Surname)     (Given Names)
Year:  _____________________        Date of Birth: ______ / ______ / ______
Home Address: ___________________________________________________________
___________________________________________________________
Home phone No:  ______________________   Mobile phone No: ____________________
Parent / Guardian: __________________________   _____________________________
(Surname)     (Given Names)

2. REASON FOR SEEKING ASSISTANCE:

_____________________________________________________________________________
_____________________________________________________________________________

3. FAMILY INFORMATION

i) Father or Male Guardian
Name: _______________________________
Occupation: ___________________________
Currently Employed  ☐ Yes  ☐ No

ii) Mother or Female Guardian
Name: _______________________________
Occupation: ___________________________
Currently Employed  ☐ Yes  ☐ No

iii) Children
Please list each child living at home, their age and tick one of the four columns.

<table>
<thead>
<tr>
<th>Names of Children</th>
<th>Age</th>
<th>Preschooler</th>
<th>Student</th>
<th>Working</th>
<th>Unemployed</th>
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</thead>
<tbody>
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4. FINANCIAL MATTERS - CONFIDENTIAL

• Details of current support  (Please tick appropriate boxes)
  i) Has the child previously received School Assistance?  ☐ Yes  ☐ No
     If Yes, when? ____________________________
  ii) Do other members of the family receive School Assistance?  ☐ Yes  ☐ No
      If Yes, who? ____________________________
iii) Is this child currently receiving any other form of financial assistance?
(e.g. School Kids Bonus, Smith Family) □ Yes □ No

If Yes, what? _____________________________________________________________

b) Sources of regular family income - CONFIDENTIAL

<table>
<thead>
<tr>
<th>Current sources of regular family income</th>
<th>Amount per fortnight</th>
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<tbody>
<tr>
<td>Salary / wage of Father (Male Guardian)</td>
<td>$</td>
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<tr>
<td>Salary / wage of Mother (Female Guardian)</td>
<td>$</td>
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<tr>
<td>Unemployment benefits</td>
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<td>Sickness benefits</td>
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<td>Pension payments</td>
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<td>Family Assistance Office payments - (Family Tax Benefits Part A &amp; B / Parenting Payment, etc)</td>
<td>$</td>
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<tr>
<td>Other regular financial income or assistance</td>
<td>$</td>
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<tr>
<td>Total</td>
<td>$</td>
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</table>

5. ASSISTANCE REQUESTED

a) Names of Electives/Courses studied  Fee  Your contribution  Amount required

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Total

b) Additional assistance required.
_________________________________________________________________________________________
_________________________________________________________________________________________

How are you electing to pay your contribution?
□ Weekly at $ __________  □ Fortnightly at $ __________

• Other comments
Use this space to write any other comments or details which may assist us in fairly assessing your application. If space is insufficient, please attach details.

I declare that all information provided in this application to be truthful in every respect. I have attached a current Centrelink Income Statement.

Signature of Parent / Guardian: _________________________   Date: ________________