

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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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:
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Counsellor/Welfare Worker's Name:
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Counsellor/Welfare Worker's Signature:	Date:
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FOR OFFICE USE ONLY

<input type="checkbox"/> Assistance requested	<input type="checkbox"/> Assistance Granted	<input type="checkbox"/> Application denied	Reason:
Amount: \$	Amount: \$	

Date received:	Response & outcome:
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