

KENNEDY SCHOLARSHIP APPLICATION FORM

Please complete all sections prior to submission.

APPLICANTS DETAILS				
PARENT/GUARDIAN DETAILS				
First Name:	Last Name:			
Relationship to student:				
Address:				
	Postcode:			
Contact Number:	(M)	(H)	(W)	
Email Address:				
Occupation:	Name of Workplace:			
STUDENT DETAILS				
First Name:	Last Name:			
Current School:	Current School Year:			
FINANCIAL INFORMATION				
FINANCIAL ASSISTANCE Please provide details of any fin to the child (e.g. Youth allowance				
Source		Details	Amount	

OTHER FINANCIAL INFORMATION

- 1. Do you or your child/ren hold shares or units in a private or public company or a discretionary or unit trust?
- 2. Are you a beneficiary (either capital or income) in a discretionary or unit trust? (include any income from these sources on next page)
- 3. Do you have a Health Care card?

FINANCIAL SUMMARY (PLEASE PROVIDE THE MOST RECENT FULL FINANCIAL YEAR SUMMARY)

Income: Family Gross Income and Support (Fortnightly)		
Description	Amount each fortnight (\$)	
 Salary/Wages (Gross including Tax) 		
 Government support (Including Family Tax Benefit) 		
Child Support Payment		
All other income		
Total Family Gross Income and Support (Fortnightly)		(a)
Deductions: (Fortnightly)		
Description	Amount each fortnight (\$)	
• Tax		
Mortgage/Rent		
Utilities (gas, electricity, phone etc)		
• Food		
Car Expenses		
• Other		
Total Family Deductions (Fortnightly)		(b)
Net income after deduction (b)		(a-b
Amount available for school fees and related school cost (fortnightly)		
Summary of Capital Assets		
Description	Amount (\$)	
• House		,
• Contents		
Motor Vehicles		
Investment/Savings		
• Shares		
Oth		•

FINANCIAL ASSISTANCE APPLICATION

• Other

Please explain your reasons for needing financial assiatance. Be sure to include any special circumstances or unusual expenses.

COMMITMENT

I/We hereby make an application for tuition fee assistance for the coming year. This application has been completed conscientiously believing that all the details contained herein to be true and correct. In the event that this application results in a reduction of School fees payable I/we agree and accept the following conditions:

- To pay the agreed assessed fee monthly or termly by direct debit as per the Colleges fees and charges policy until all fees are cleared unless agreed otherwise.
- To advise the College of any change in financial circumstances that may occur during the term of a scholarship.

I/We declare that I/we have disclosed all sources of income and support and that this application represents a full and complete disclosure of my/our family's financial position, is true and correct in every particular, and is submitted in support of this application without reservation or exception.

I/We have attached my/our most recent Taxation Return (last financial year), Statement of Income from Centrelink and/or all other supporting documents.

I/We realise that an improvement in circumstances may result in a change in financial assistance. I/We further understand that a failure to disclose all income or to notify of improvements in financial position may result in the termination of the scholarship.

I/We understand that in the event that a debt collection agency is required to be employed for the collection of an overdue account that I/we will be liable for collection costs incurred, if any.

I/We understand that application for, and award of, a scholarship are confidential transactions between Kennedy Baptist College and the applicant.

Signature: Parent /Guardian (1)	Signature: Parent /Guardian (2)
Date:	Date:
WITNESS DETAILS	
First Name:	Last Name:
Witness signature:	Date signed:
Address of witness:	
	Postcode:
OFFICE USE ONLY	

OFFICE USE ONLY		
Date received//20		
Documentation Correct: Yes / No		
Recommended: Yes / No	Signature	Signature
Approved: Yes / No	(Director of Finance and Resource)	(Principal)
Amount:	Date:/20	Date:/20



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