# **Medical Student Relief Bursary**



		PI	ERSON <i>A</i>	AL DETAI	LS			
Student Number								
Family Name						Title		Mr, Ms, Mrs, Miss, Dr)
Given Names								
Date of Birth				Age				
Marital Status	Single Partnered Other							
Number of depe	ndent childr	ren	Ages of	children				
		C	ONTAC	T DETAIL	_S			
Semester	Address							
						Postcode		
Permanent Address								
						Postcode		
Home Te	lephone			Mobile				
University Email (r	equired)							
Other Email (c	optional)							
		ENRO	LMENT	INFORM	ATION			
Australian Citizen  Australian Permanent  Resident  New Zealand Citizen  International  Student								
Course								
Location	n Parkville Shepparton Other							
Year of Course			Exped	cted Course	Completio	n Date	/	/
Enrolment Status	olment Status Full -time Part-time							

### **BUDGET FOR THE CURRENT YEAR**

### **INCOME**

(estimated and known income for period: 1 January – 31 December of the current year)

You are required to include your spouse's or partner's income (if applicable)

# Weekly Income (Average weekly amount)

Centrelink payments	\$ <b>—</b>	Type of Allowance?	
Scholarship Payments	\$		
Employment income	\$ ]		
Partner's Income	\$		
Parental Allowance	\$		
Other (please specify)	\$		
Total Other Weekly Income	\$ X 5	52 \$ (1	F)

# **Lump Sum (Annual Income)**

Savings as at 1 January this year	\$
Parental Assistance	\$
Other (please specify)	\$
Bond Return (from previous rental property)	\$
Tax Return - approx. expected refund (if known)	\$

Total	Lump	Sum	Income
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\$	

Total Income for the year (F+G above)

## **EXPENSES**

#### **Weekly Expenses**

Total Weekly Expenses	\$ X 52 =	\$
Other Weekly expenses:	\$	
Commitments to dependents	\$	
Spending Money (clothing, entertainment)	\$	
Transport (public transport fare, petrol, parking)	\$	
Food (lunches, groceries)	\$	
Bills (gas, electricity, telephone)	\$	
Rent / Board / Mortgage Payment (circle)	\$	
Rent / Board / Mortgage Payment (circle)	\$	

Surplus/Deficit for current year = Income – Expenses	<b></b>	\$
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Please detail reasor	for request (Please attach additional details if necessary)
DECLARATION BY	STUDENT APPLICANT
I declare the information the information may result in formation may recovery page 1	nat I have provided to be true and accurate. I acknowledge that false and misleading rfeiture of all rights and privileges associated with access to Student Grants or Loans and practices being implemented. I also acknowledge that the grant, upon approval, will be cordance with my statement of financial need.
X Student Signature:	Date:
Office Use Only Decision: Ap	proved Not Approved Student appointment required
Signatures:	Name in full:
Signatures:	Name in full:
Date:	Fund balance checked: Y / N Date:
Amount: \$	Scholarships notification date: