



## Evidence of Financial Need – Strictly Confidential

Please type or print clearly and mark [X] on all boxes that apply. Attach extra pages if you need more space to answer any question/s.

For the purpose of:

- RM Farquharson Bursary
- Boarding Bursary
- All-Rounder Bursary
- Indigenous Bursary
- Payment arrangements
- Short-term fee relief
- Other (specify)

Student Name(s)	
House(s):	
Current Year Group(s):	

### Part A – Personal Details

1. Parent Name Partner/Spouse name (if applicable)

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Current Residential Address


*Please tick as applicable – more than one box can be selected*

- Current parent/carer
- Future parent/carer
- Past student/Old Boy

### Part B – Financial summary

*Please attach the following supporting documents:*

- Tax Return from the last three financial years
- Bank statements of the last three months
- Loan statements showing the current balances

Important: As you complete the rest of this form you will be asked to transfer the totals for Items D, F, G and H to this summary.

2. A Total annual income (This is the figure at item 18) \$ \_\_\_\_\_

B Total value of property (This is the figure at item 28) \$ \_\_\_\_\_

C Total value of liabilities (This is the figure at item 33) \$ \_\_\_\_\_

D Total of other financial resources (This is the figure at item 36) \$ \_\_\_\_\_

## Part C – Employment details

3. What is your current occupation?

4. Are you employed?

No Go to Part D

Yes Give details

full time

permanently

on contract

part time

casually

self employed

5. What is the name of your employer? (state the name of the business if self-employed)

6. What is the address of your employer?

State	Postcode	Phone

7. How long have you been employed at this place?

Years

Months

8. What is your partner/spouse's occupation? (if applicable)

9. Is your partner/spouse employed? (if applicable)

No Go to Part D

Yes Give details

full time

permanently

on contract

part time

casually

self employed

10. What is the name of your partner/spouse's employer? (if applicable, state the name of the business if self-employed)

11. What is the address of your partner/spouse's employer? (if applicable)

State	Postcode	Phone

12. How long has your partner/spouse been employed at this place? (if applicable)

Years

Months

## Part D – Income

Note: Give annual amounts in whole dollars. If the amount for an item is nil, write 'nil'.

If you can only give an estimate insert the letter 'E' before the amount stated.

		Annual amount	
13.	Total salary or wages before tax	\$ <input type="text"/>	
14.	Investment income (before tax)	Income type (e.g. rent, interest, dividend)	\$ <input type="text"/>
		Paid by (bank, mortgagor, company, tenant)	
		Income type (e.g. rent, interest, dividend)	\$ <input type="text"/>
		Paid by (bank, mortgagor, company, tenant)	
15.	Income from business/ partnership/ company/ trust	Name of business/partnership/company/trust	\$ <input type="text"/>
		Type of business	
		Address of business/partnership/company/trust	
		State <span style="float: right;">Postcode</span>	
16.	Government benefits	Type of benefit	\$ <input type="text"/>
		Type of benefit	\$ <input type="text"/>
17.	Benefits from employment/business	Type of benefit	\$ <input type="text"/>
		Type of benefit	\$ <input type="text"/>

If applicable, please fill in your partner/spouse's income details below.

13P.	Total salary or wages before tax	\$ <input type="text"/>	
14P.	Investment income (before tax)	Income type (e.g. rent, interest, dividend)	\$ <input type="text"/>
		Paid by (bank, mortgagor, company, tenant)	
		Income type (e.g. rent, interest, dividend)	\$ <input type="text"/>
		Paid by (bank, mortgagor, company, tenant)	

15P. Income from business/ partnership/ company/ trust	Name of business/partnership/company/trust	\$
	Type of business	
	Address of business/partnership/company/trust	
	State <span style="float: right;">Postcode</span>	
16P. Government benefits	Type of benefit	\$
	Type of benefit	\$
17P. Benefits from employment /business	Type of benefit	\$
	Type of benefit	\$
18.	Total annual income write the item 18 at item 2A on page 1 of this form.	\$

## Part E – Other income earners in your household

19. Give the name, age and relationship to you and gross income of each other occupant of your household.

Name	Age	Relationship to you	Annual Amount
Name			\$
Name			\$
Name			\$

## Part F – Property

		Current Value
20. Home	Full name of the registered owners	\$
	Property address	
	<input type="checkbox"/> The home is on a block of land larger than 2 hectares. <input type="checkbox"/> The home is on more than one title document. <input type="checkbox"/> A part of the property is used from income producing purposes.	
21. Other real estate	Property address	\$
	Property address	
	Property address	\$
	Property address	

22. Funds in banks, building societies credit unions or other financial institution	Name of the financial institution		\$
	Account holders		
	Name of the financial institution		\$
	Account holders		
23. Investments	Name and type of investment		\$
	Full names of all owners		
	Number of shares held		
	Name and type of investment		\$
	Full names of all owners		
	Number of shares held		
24. Life insurance policies	Policy Type	Policy Number	\$
	Name of insurance company		
	Full names of all owners	Your % share %	
25. Interest in a business, including a business operated by you as a sole trader, in a partnership or through a proprietary company or a trust	Name of business		\$
	Address of business		
	Your % Share %		
	Business type (mark [X] which applies) <input type="checkbox"/> Sole trader <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietary company/trust		
26. Household contents and motor vehicles			\$
27. Other personal property	Specify		\$
28.	Total value of property owned by you write the item 28 total at item 2B on page 1 of this form.		\$

## Part G – Liabilities

29. Home mortgage/s	Full names of all borrowers	Current balance
		\$
30. Other mortgage/s	Full names of all borrowers	Current balance
		\$

Current balance

31. Loans

Name of lender

Type of loan

Overdraft                       Other (specify)

Personal loan

Full names of all borrowers

Due date        /        /

Amount of your share

32. Other personal liabilities including credit cards

Specify

Your % share  %

33. Total liabilities write the item 33 total at item 2C on page 1 on this form.

**\$**

## Part H – Financial resources

34. Interest in any trust or deceased estate

Specify

\$

35. Other financial resources available to pay school fees

Specify

\$

36. Total financial resources write the item 36 total at item 2D on page 1 of this form.

**\$**

## Part I – Siblings Private School Fees

	School and current year group	Annual Fees	Annual amount of bursary	Current debt balance
42. Siblings private school fees that are payable by you and /or your partner/spouse		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

# Part J – Declaration

By signing here you acknowledge that you have read and understood the Privacy and Collection notices on the College’s website and declare that the details contained in this application are true and correct. You further declare that you envisage no change in your financial circumstances in the foreseeable future.

In addition to the above, you give permission to The Scots College to contact and verify financial information with relevant credit reporting agencies, debt collection agencies, insurers and third parties such as your employer and/or accountant to check that the information provided is true and correct. In the event your application for a bursary is unsuccessful you understand that any personal information you have provided may be retained.

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Parent Name	Date	Signature
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Name of Witness	Signature
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Partner/Spouse Name (if applicable)	Date	Signature
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Name of Witness	Signature
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