



Berkeley Vale Campus

STUDENT ASSISTANCE APPLICATION FORM

Parents and caregivers are invited to complete this application to apply for student assistance from the school. The school can provide financial support in times of need and hardship and all applications are treated as confidential

PLEASE NOTE:

1. Parents and caregivers of students 16 years and over should enquire about Youth Allowance grants through Centrelink.
2. Parents and caregivers who are entitled to Abstudy funding should make enquires through the school's Aboriginal Education Coordinator or Centrelink.
3. Materials, services etc provided by this assistance are not eligible for return or monetary grants.
4. The school does not distribute cash grants.
5. Extra-curricular excursions or items/events such as camps, Year 10 shirts, Duke of Ed cannot be supported.
6. Uniform items supplied under student assistance that are no longer required are to be donated back to BVC to assist other students.
7. The Voluntary School Contribution is not able to be paid through this application form.

PLEASE COMPLETE THE SECTIONS BELOW AND RETURN TO THE DEPUTY PRINCIPAL

APPLICATION DETAILS		DATE OF APPLICATION		/	/
PARENT/CAREGIVER (S) NAME					
STUDENT (S) NAMES					
ADDRESS				STATE	
				POSTCODE	
CONTACT NUMBER		RELATIONSHIP TO STUDENT			
EMAIL		NO. OF PEOPLE IN HOUSEHOLD & AGES			

Please supply any information you feel may be of help in supporting your application: i.e. pension number, family circumstances

ASSISTANCE SOUGHT

- Priority will be given to school uniform items
- Assistance sought should not exceed \$100 per family
- There is a maximum of 50% payment of elective fees

PLEASE CHOOSE FROM ONE OF THE FOLLOWING OPTIONS

ESSENTIAL UNIFORM ITEMS (e.g. Shirt, Skirt, Shorts, Jumper, Sport Shirt, Sport shorts)	*Please indicate what you need and sizes		
ELECTIVE FEES	ELECTIVE NAME		AMOUNT SOUGHT \$
	ELECTIVE NAME		AMOUNT SOUGHT \$
OTHER EQUIPMENT (e.g. Calculator, Book pack)	EQUIPMENT NEEDED		AMOUNT SOUGHT \$
	EQUIPMENT NEEDED		AMOUNT SOUGHT \$
OTHER ASSISTANCE NEEDED (please outline)			AMOUNT SOUGHT \$
			AMOUNT SOUGHT \$

PARENT/CAREGIVER SIGNATURE	X
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OFFICE USE ONLY

APPROVED BY DEPUTY PRINCIPAL		DATE	
APPROVED BY PRINCIPAL		DATE	

ASSISTANCE APPROVED TO PROVIDE THE FOLLOWING

CLOTHING POOL	AMOUNT	\$	P & C UNIFORM SHOP	AMOUNT	\$
ELECTIVE FEES	AMOUNT	\$	OTHER EQUIPMENT	AMOUNT	\$

ADDITIONAL NOTES:
