

APPLICATION FOR TERTIARY PREPARATION PATHWAY EDUCATIONAL ACCESS GRANT

IMPORTANT INFORMATION

- This form is to use by Tertiary Preparation Pathway (TPP) students who have a Commonwealth Supported place and are eligible to request a reimbursement of the cost of the QTAC application fee due to financial difficulty.
- Use BLOCK LETTERS and tick boxes.
- Applications close at **4.30pm on Friday 3rd April 2015**. Late submission will **NOT** be accepted.

1. PERSONAL INFORMATION

<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table> <p style="text-align: center;">USC student ID number</p>								Family name/surname:	Given name:
Date of birth: DD / MM / YYYY	Telephone number:								
USC email address:		@student.usc.edu.au							

2. SOURCE OF INCOME

- ▶ Do you live with your parents?
 No Yes – If Yes, you must declare their income and **attach supporting evidence / documentation** *of average income per fortnight (p/f) for each parent:
- | | |
|------------------------|------------------------|
| Parent 1: \$ _____ p/f | Parent 2: \$ _____ p/f |
|------------------------|------------------------|
- What is the number of people that are supported by the family income? (Tick one box only)
 1 2 3 4 5 6+
- ▶ Do you live with your partner?
 No Yes – If Yes, you must declare your partner's income and **attach supporting evidence / documentation** *of average income per fortnight (p/f):
- | |
|--------------------------------|
| Partner's income: \$ _____ p/f |
|--------------------------------|
- What is the number of people that are supported by the family income? (Tick one box only)
 1 2 3 4 5 6+
- ▶ Do you work during the university year?
 No Yes – If Yes, please declare and **attach supporting evidence / documentation** * of your average income per fortnight (p/f):
- | | |
|------------------------------|---------------------------------|
| Average income: \$ _____ p/f | Average hours worked: _____ p/f |
|------------------------------|---------------------------------|
- What is the number of people that are supported by this income? (Tick one box only)
 1 2 3 4 5 6+
- ▶ Do you have any other income? (eg Centrelink)
 No Yes – If Yes, please declare and **attach supporting evidence / documentation** * of your income per fortnight (p/f):
- | |
|----------------------|
| Income: \$ _____ p/f |
|----------------------|
- What is the number of people that are supported by this income? (Tick one box only)
 1 2 3 4 5 6+
- ▶ Do you have a Health Care Card?
 No Yes – If Yes, provide a scanned copy of your card and email with your application form.

*Refer to next section 3 for details of supporting evidence / documentation

3. SUPPORTING EVIDENCE / DOCUMENTATION

The Tertiary Preparation Pathway Educational Access Grant is intended to assist people in financial hardship. Applicants are expected to make a case for reimbursement based on their financial situation. Applicants must therefore provide evidence of their income in order to be considered.

Documents that will support your income status include:

- Centrelink income statement
- Three recent payslips
- Most recent Australian Taxation Office (ATO) assessment notice

A copy of your Health Care Card or Pension Concession Card will support your application.

Note: This application will **NOT** be considered until **ALL** supporting documentation has been submitted.

4. BANK ACCOUNT DETAILS

Please provide your bank account details below. This information will only be used for processing reimbursement if your application is approved.

Name of bank / financial institution:

Location of bank / financial institution:

Bank account name:

BSB (Branch) number:

(Must be exactly 6 digits)

Account number:

5. STUDENT DECLARATION

I understand that giving false or misleading information is a serious matter. In submitting this application, I declare that the information supplied on this form and in the accompanying documents and statements is complete and correct to the best of my knowledge. If any of the information is found to be false or misleading, I accept that the University may cancel the grant that might be awarded to me on basis of this application and I may be required to repay any monies so obtained.

Student signature: _____ Date: _____

PRIVACY STATEMENT

The information on this form is being collected for the express purpose of processing your payment and will not be disclosed to third parties. The University of the Sunshine Coast Privacy Policy is located at: www.usc.edu.au/privacypolicy

LODGEMENT

In person: Student Central, Ground floor, Building C
Sippy Downs Campus

Mail: Student Administration – ML23
University of the Sunshine Coast
Maroochydore DC QLD 4558
AUSTRALIA

ENQUIRIES

Email: scholarships@usc.edu.au

Tel: +61 7 5430 2890

Office hours: Monday – Thursday: 8.30 am – 5.00 pm
Friday: 8.30 am – 4.30 pm

Note: Your application and supporting documentation
MUST be submitted to
Student Central by:
4.30pm on Friday 3 April 2015

DATE STAMP

Date received at Student Administration