

## STUDENT ASSIST STUDY SUPPLIES GRANT Application Form



Please complete the application form and submit it to a Student Assist Officer at the ECU Student Guild or by emailing **studentassist@ecuguild.org.au** 

| 1. STUDENT INF                             | ORMATION  |  |  |        |  |
|--|---|--|--|--------|--|
| Given Name                                 |   | Surname  |  |        |  |
| Student ID                                 |   | Email  |  |        |  |
| Mobile                                     |   | Have you received Supplies Grant bef                             | -  | Yes    |  |
| Student Type                               | Domestic  | опрриос отши ист   |  | No     |  |
| Study Type                                 | International   | <u>-</u>   | Are you a Guild member?                            |        |  |
|  | E II Car  | •  | Guild membership is free! You're a member when you |        |  |
|  | Full-time<br>Part-time  | enroll unless you tio<br>to leave. Check in Si<br>you're unsure. | ck the box   | Unsure |  |
| Equity Groups                              | I am a  | an Aboriginal or Torres Stra                                     | ait Islander Student.                              |        |  |
| Please select any that apply to you.       | I am a student with a temporary or permanent Disability and/or medical condition. |  |  |        |  |
|  |   | a student who is the prima<br>per with a disability.             | ry carer of a family                               |        |  |
| I am a permanent Humanitarian Visa Holder. |   |  |  |        |  |

## 2. STUDENT ELIGIBILITY

If you **do not** meet the essential eligibility and/or are unable to provide required documentation your application will not be considered. Please note **Uni-prep (UPC)** and **Edith Cowan College (ECC)** students are not eligible.

| I am a currently enrolled ECU student | and | I am a Guild member |
|---------------------------------------|-----|---------------------|
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I am in receipt of Centrelink benefits and/or I am facing financial difficulty

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## 3. SUPPORTING STATEMENT FOR APPLICATION Why do you need financial assistance in the form of a Study Supplies Grant? 4. STATEMENT OF CURRENT FINANCIAL POSITION **Estimated Weekly Income Employment Payments Government Payments** Scholarship Payments Support (parents, partner etc.) Other Income **Total Weekly Income Total Weekly Expenses Estimated Book/Material Costs** 5. SUPPORTING DOCUMENTATION **Proof of Enrolment Photo Identification Income Documents** (must provide) (choose one) (choose one) Confirmation of Enrolment Student Card Centrelink Statement Driver's License Scholarship Documentation **Income Balance** (must provide) **Passport** Payslips for at least one month A copy of your most Other Other recent bank statement

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## 6. STUDENT DECLARATION

Student Signature: \( \Gamma

In applying for the ECU Student Guild Study Supplies Grant, I have read, understood and agree that:

Lost, stolen or damaged Study Supply Grant vouchers will not be re-issued.

I will notify the Student Assist Officer immediately should there be any changes relating to my status as a student, and agree to return the Study Supplies Grant.

I understand that failing to provide adequate supporting documentation or fill out this application in its entirety, or legibly will result in an automatic dismissal.

I acknowledge that my application does not guarantee success and the ECU Student Guild and Student Assist Officers do not have to provide reasoning behind the outcome of an application.

I will be notified in writing via email about the success of my application no later than two weeks after the closing date.

If I do not collect my voucher within 1 month of notification, the application will be considered as withdrawn and I have no right to claim the Study Supplies Grant voucher.

The information provided by me in this application is true and correct to the best of my knowledge, information and belief and I understand that it is against the law to provide false or misleading information.

| -<br>-             |                |            |      |    | l |
|--------------------|----------------|------------|------|----|---|
|                    |                |            |      |    |   |
| 7. OFFICE USE ONLY | / – APPLICATIO | ON OUTCOME |      |    |   |
| •                  |                |            |      |    |   |
| SUCCESSFUL         | COMMENTS:      |            |      |    |   |
| UNSUCCESSFUL       |                |            |      |    |   |
| GSA Signature:     |                |            | Date | e: |   |

Date: □

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