



## Evidence of Financial Need – Strictly Confidential

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

For the purpose of:

- Bursary applications
- 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) |
|                             |                                     |
| Current Residential Address |                                     |
|                             |                                     |
|                             |                                     |

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

- Current parent
- Future parent
- 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 style="width: 150px;" type="text"/> |
| 14. | Investment income (before tax)                          |   |
|     | INCOME TYPE (eg. rent, interest, dividend)              | \$ <input style="width: 150px;" type="text"/> |
|     | PAID BY (bank, mortgagor, company, tenant)              |   |
|     | INCOME TYPE (eg. rent, interest, dividend)              | \$ <input style="width: 150px;" type="text"/> |
|     | PAID BY (bank, mortgagor, company, tenant)              |   |
| 15. | Income from business/<br>partnership/<br>company/ trust |   |
|     | NAME OF BUSINESS / PARTNERSHIP / COMPANY / TRUST        | \$ <input style="width: 150px;" 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 style="width: 150px;" type="text"/> |
|     | TYPE OF BENEFIT   | \$ <input style="width: 150px;" type="text"/> |
| 17. | Benefits from employment/<br>business                   |   |
|     | TYPE OF BENEFIT   | \$ <input style="width: 150px;" type="text"/> |
|     | TYPE OF BENEFIT   | \$ <input style="width: 150px;" type="text"/> |

IF APPLICABLE, PLEASE FILL IN YOUR PARTNER/SPOUSE'S INCOME DETAILS BELOW

|      |  |   |
|------|--|---|
| 13P. | Total salary or wages before tax           | \$ <input style="width: 150px;" type="text"/> |
| 14P. | Investment income (before tax)             |   |
|      | INCOME TYPE (eg. rent, interest, dividend) | \$ <input style="width: 150px;" type="text"/> |
|      | PAID BY (bank, mortgagor, company, tenant) |   |
|      | INCOME TYPE (eg. rent, interest, dividend) | \$ <input style="width: 150px;" type="text"/> |
|      | PAID BY (bank, mortgagor, company, tenant) |   |

|  |  |    |
|--|--|----|
| 15P. Income from business/<br>partnership/<br>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/<br>business                   | TYPE OF BENEFIT  | \$ |
|  | TYPE OF BENEFIT  | \$ |
| 18.  | <b>TOTAL ANNUAL INCOME</b>                                       | \$ |
|  | <b>WRITE THE ITEM 18 TOTAL AT ITEM 2A ON PAGE 1 OF THIS FORM</b> |    |

## 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

|      | AGE | RELATIONSHIP TO YOU | ANNUAL AMOUNT |
|------|-----|---------------------|---------------|
| NAME |     |                     | \$            |
| NAME |     |                     | \$            |
| NAME |     |                     | \$            |

## Part F Property

|                       |  |                     |
|-----------------------|--|---------------------|
| 20. Home              | FULL NAME OF THE REGISTERED OWNERS   | CURRENT VALUE<br>\$ |
|                       | PROPERTY ADDRESS   |                     |
|                       | <input type="checkbox"/> The home is on a block of land larger than 2 hectares.<br><input type="checkbox"/> The home is on more than one title document.<br><input type="checkbox"/> A part of the property is used for income producing purposes. |                     |
|                       |  |                     |
| 21. Other real estate | PROPERTY ADDRESS   | \$                  |
|                       | REGISTERED OWNERS  |                     |
|                       | PROPERTY ADDRESS   | \$                  |
|                       | REGISTERED OWNERS  |                     |

|   |  |                   |
|---|--|-------------------|
| 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 NO.        |
|   | NAME OF INSURANCE COMPANY  |                   |
|   | FULL NAMES OF ALL OWNERS   | YOUR % SHARE<br>% |
| 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<br>%  |                   |
|   | Business type (Mark [X] which applies)<br><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.   | <b>TOTAL VALUE OF PROPERTY OWNED BY YOU</b><br><b>WRITE THE ITEM 28 TOTAL AT ITEM 2B ON PAGE 1 OF THIS FORM</b>  | \$                |

## Part G Liabilities

|                     |                             |                        |
|---------------------|-----------------------------|------------------------|
|                     |                             | <b>CURRENT BALANCE</b> |
| 29. Home mortgage/s | FULL NAMES OF ALL BORROWERS | \$                     |
|                     |                             |                        |
|                     |                             | <b>CURRENT BALANCE</b> |
| 30. Other mortgages | FULL NAMES OF ALL BORROWERS | \$                     |
|                     |                             |                        |

**CURRENT BALANCE**

31. Loans

|  |  |
|--|--|
| NAME OF LENDER                         | \$                                       |
| TYPE OF LOAN                           |  |
| <input type="checkbox"/> Overdraft     | <input type="checkbox"/> other (specify) |
| <input type="checkbox"/> 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 OF 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 & 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/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.

---

**Parent Name**

**Date**

**Signature**

---

**Name of Witness**

**Signature**

---

**Partner/Spouse Name**  
(if applicable)

**Date**

**Signature**

---

**Name of Witness**

---