

**CONFIDENTIAL**

**KINGSWAY CHRISTIAN COLLEGE  
APPLICATION FOR BURSARY**



**Applicant/s Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Ph:** \_\_\_\_\_ **Work Ph:** \_\_\_\_\_ **Mobile Ph:** \_\_\_\_\_

**Dependent Children**

**How many dependent children do you have?** \_\_\_\_\_

**Please provide the details of the children you would like Bursary assistance for:**

| <b>Name of Child</b> | <b>Year/Class 2009</b> |
|----------------------|------------------------|
|                      |                        |
|                      |                        |
|                      |                        |
|                      |                        |
|                      |                        |

**Do you hold a Pension Card**                       **yes**                       **no**

**How long will you require assistance? (Bursaries are available for a maximum of one year)**

**one term**                       **two terms**                       **three terms**                       **full year**

**Which School Terms?** \_\_\_\_\_

**After working out your Budget (page 3), how much can you afford to pay on school fees each fortnight?    \$** \_\_\_\_\_

**DECLARATION**

**I/We declare that the statements contained in this application are true and accurately represent my/our family income and expenses from all sources. I/We agree to keep the College fully informed of any changes in our circumstances. I/We have attached all required documents.**

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please note that all information in this application is confidential and will only be made available to the Bursary Committee for decision making purposes.**



# FAMILY BUDGET

## Fortnightly Income:

|  |                 |
|--|-----------------|
| Salary/Wages (Father/Guardian) before tax & deductions | \$ _____        |
| Salary/Wages (Mother/Guardian) before tax & deductions | \$ _____        |
| Centrelink & Family Tax Payments                       | \$ _____        |
| Drawings from Business, Partnership or Company         | \$ _____        |
| Maintenance / Child Support                            | \$ _____        |
| Income from Other Sources _____                        | \$ _____        |
| <i>Please specify</i>                                  |                 |
| _____  | \$ _____        |
| <i>Please specify</i>                                  |                 |
| <b>Total</b>   | <b>\$ _____</b> |

|  |           |
|--|-----------|
| Less Tax deducted from Wage (Father)                   | -\$ _____ |
| Less other deductions from pay (as shown on pay slips) | -\$ _____ |
| Less tax deducted from Wage (Mother)                   | -\$ _____ |
| Less other deductions from pay (as shown on pay slips) | -\$ _____ |

**Net Fortnightly Spendable Income** \$ \_\_\_\_\_

## Fortnightly Living Expenses:

### Housing

|                    |          |
|--------------------|----------|
| Mortgage Payment   | \$ _____ |
| Rent               | \$ _____ |
| Council Rates      | \$ _____ |
| House Insurance    | \$ _____ |
| Contents Insurance | \$ _____ |
| Electricity        | \$ _____ |
| Gas                | \$ _____ |
| Telephone          | \$ _____ |
| Other _____        | \$ _____ |

**Food** \$ \_\_\_\_\_

### Transportation

|                   |          |
|-------------------|----------|
| Car Payments      | \$ _____ |
| Registration      | \$ _____ |
| Insurance         | \$ _____ |
| Service & Repairs | \$ _____ |
| Petrol            | \$ _____ |

### Health

|                     |          |
|---------------------|----------|
| Health Insurance    | \$ _____ |
| Prescriptions       | \$ _____ |
| Dental/orthodontics | \$ _____ |
| Other _____         | \$ _____ |

### Miscellaneous

|               |          |
|---------------|----------|
| Clothing      | \$ _____ |
| Entertainment | \$ _____ |
| Holidays      | \$ _____ |

|                             |          |
|-----------------------------|----------|
| Subscriptions & memberships | \$ _____ |
| Gifts/Presents              | \$ _____ |
| Other _____                 | \$ _____ |

### Debts (except house & car )

|                             |          |
|-----------------------------|----------|
| Credit Card Debt Repayments | \$ _____ |
| Other _____                 | \$ _____ |

### Childcare and Education

|                           |          |
|---------------------------|----------|
| School Fees               | \$ _____ |
| Books & Stationery        | \$ _____ |
| Bus Fares                 | \$ _____ |
| Music Fees                | \$ _____ |
| Pocket Money              | \$ _____ |
| Sport & Activities        | \$ _____ |
| Childcare/Babysitting     | \$ _____ |
| Maintenance/Child Support | \$ _____ |

### Other Expenses

Other \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL LIVING EXPENSES** **\$ \_\_\_\_\_**

### Income vs. Living Expenses:

|                            |           |
|----------------------------|-----------|
| Net Spendable Income       | \$ _____  |
| Less Total Living Expenses | -\$ _____ |

**Surplus or Deficit** \$ \_\_\_\_\_

## MAKING THE HARD CHOICES

### **Family Budget Cont...**

Did you have a deficit when deducting your expenses from your income? If yes, first of all you will need to check that your figures are accurate. If they are accurate, you will need to ask yourself the following questions:

How could I increase my income?  
In what areas can I reduce my expenses?

You don't need to answer these questions for us, but as you should not spend more than you earn you will need to work through these difficult decisions.

## EMPLOYMENT BENEFITS & ALLOWANCES

Do you receive any benefits/allowances from your employer (i.e. house, car etc)?    Yes / No  
If YES provide full details of benefits below:

|  |          |               |
|--|----------|---------------|
|  | \$ _____ | per fortnight |
|  | \$ _____ | per fortnight |
|  | \$ _____ | per fortnight |
|  | \$ _____ | per fortnight |

## ASSETS

### **Real Estate**

|                        |                       |                            |
|------------------------|-----------------------|----------------------------|
| Property Address _____ | Market Value \$ _____ | Owing on Mortgage \$ _____ |
| Property Address _____ | Market Value \$ _____ | Owing on Mortgage \$ _____ |
| Property Address _____ | Market Value \$ _____ | Owing on Mortgage \$ _____ |

### **Credits in Banks, Building Societies and Credit Unions**

|   |   |
|---|---|
| Bank Name: _____ Account Balance \$ _____ | Bank Name: _____ Account Balance \$ _____ |
| Bank Name: _____ Account Balance \$ _____ | Bank Name: _____ Account Balance \$ _____ |

**Cash** \$ \_\_\_\_\_

### **Shares and Debentures**

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| Company Name _____ Value \$ _____ | Company Name _____ Value \$ _____ |
| Company Name _____ Value \$ _____ | Company Name _____ Value \$ _____ |

