



AUSTRALIAN FILM TELEVISION AND RADIO SCHOOL

FINANCIAL HARDSHIP INFORMATION

Please provide information on your financial hardship only if you are **NOT** in receipt of a Centrelink income support payment. *All financial information provided by the applicant or their parent/ guardian is dealt with according to the Privacy Act 1988 and AFTRS' Privacy Policy.*

1. APPLICANT NAME

Name	
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2. APPLICANT FINANCIAL POSITION

Please estimate as accurately as possible your fortnightly income and expenditure for a normal fortnight:

Income		Expenditure	
Scholarships, bursary or other forms of income support	\$	Rent/Board/Other Accommodation Costs	\$
Employment	\$	Household bills	\$
Draw on savings	\$	Food	\$
Other income	\$	Study related costs (books, stationary etc)	\$
		Transport	\$
		Spending money	\$
		Credit cards and/or other loans	\$
		Other expenditure	\$
TOTAL	\$	TOTAL	\$

Savings or other assets

Do you have any funds in a bank account or other kind of financial institution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answer Yes please provide the total amount.	\$	
Do you own any real estate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answer Yes please provide the total estimated value of the property.	\$	

Please provide copies of bank statements and any other financial documents that are relevant to this application and that provide insight into your financial hardship.

3. UNDER 22 YEARS OF AGE (if applicable)

If you are under 22 years does Centrelink consider you 'independent'?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered Yes to this question please go to Section 5 – FAMILY INFORMATION.		
If you answered No to this question then please answer the following questions.		
What is your family's combined gross income per annum:	\$	
Does your family support you financially?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answer No to this question please explain why in the space below:		

Parent / guardian contact details (if applicable)			
Name:		Name:	
Contact phone number:		Contact phone number:	
Email address:		Email address:	

Parent / guardian signature:		Date:	
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4. FAMILY INFORMATION (if applicable)

Do you have a partner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is your partner's occupation		
Average gross earnings per fortnight:	\$	
Do you have any dependent children? If Yes please specify numbers and their ages.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5. FURTHER INFORMATION

Please provide any additional information regarding you or your family's financial circumstances in support of your application for AFTRS Equity Scholarship.

6. SIGNATURE OF APPLICANT

Signed:	Date:	
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