



## MASTER OF SCREEN ARTS FINANCIAL ASSISTANCE APPLICATION FORM

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*Note: Please refer to the rules governing financial assistance contained within the AFTRS Student Handbook before completing this form. Attach a separate page if more space is required.*

### 1. Personal Details

Name: \_\_\_\_\_ Student No. \_\_\_\_\_

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

Phone: \_\_\_\_\_

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### 2. Other Financial Support

Please indicate the type of external financial assistance you have applied for &/or obtained.

Type of financial assistance	Applied	Obtained
FEE-HELP	Y/N	Y/N
Other AFTRS Financial Assistance	Y/N	Y/N
Other (please list) _____	Y/N	Y/N

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### 3. Reason for Application/Contributing Financial Circumstances

Please indicate why you are applying for financial assistance and what circumstances have led to this situation (please attach supporting documentation).

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### 4. Personal and Living Arrangements

In order to assess the amount of assistance you are eligible for please answer the following questions:

1. What is your relationship status?
- Single
- Married
- Partnered

2. Do you have dependent children?  Yes  No

If so, how many dependent children do you have? \_\_\_\_\_

Do you have any other dependents?  Yes  No

If so, please describe \_\_\_\_\_

3. Which best describes where you live?  In a home you (and/or your partner) own?  
 In accommodation you (and/or your partner) have the right to use for life?  
 In a place you (and/or your partner) pay private rent?

4. If you pay private rent, how much is your share of the rent per fortnight? \_\_\_\_\_  
(Please attach evidence such as a lease agreement or rent receipt)

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### 5. Your Income

You must declare the total value of your income is below a specified amount, these amounts are shown below.

Your estimated average fortnightly income from February to November 2012 is \$ \_\_\_\_\_ per fortnight?  
(Income includes payment for work you perform, rental income, interest from investments, etc)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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### 6. Your Bank Account Details

Account Name: \_\_\_\_\_

BSB: \_\_\_\_\_

Account Number: \_\_\_\_\_

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### Office Use Only

### 7. Student Services to Complete

Recommendation for delegate: (NB any previous AFTRS financial assistance, attach forms including calculation sheet)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Received in Student Services

Date: \_\_\_\_\_

Forward to Delegate

Date: \_\_\_\_\_

**8. Director of Education**

Recommend / Not Recommend

Date: \_\_\_\_\_

**9. Delegate's Decision:**

Approved / Not Approved

\$ \_\_\_\_\_

Statement of Reasons (if not approved.)

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Decision received

Date: \_\_\_\_\_

Applicant advised of decision

*Copy of advice attached*

Date: \_\_\_\_\_

Purchase Requisition forwarded to Finance

Date: \_\_\_\_\_

*This document and any attachments to be placed in the student's file once action is complete.*