APPLICATION FOR TERTIARY PREPARATION PATHWAY LEDUCATIONAL ACCESS GRANT



IMPORTANT INFORMATION

- This form is to be used by Tertiary Preparation Pathway (TPP) students who have a Commonwealth Supported place and are eligible to request a reimbursement of the cost of the QTAC application fee due to financial difficulty. This Grant is available in the semester/session that students commence their program.
- To be eligible for the grant students must:
 - o have nominated TPP as their first preference on their QTAC application
 - o be enrolled as a Commonwealth Supported student (Australian citizens, permanent residents and New Zealand citizens) in TPP after the census date of their first semester/session (refer to the latest <u>Academic Calendar</u>)
 - o be able to demonstrate financial hardship
- Use BLOCK LETTERS and tick
 ✓ boxes.
- Applications close at 4:30pm on the semester/session's census date refer to the latest <u>Academic Calendar</u>. Late submission will **NOT** be accepted.

1. PERSONAL INFORMATION						
USC student ID		Family name/surnam	e:	Given name:		
Date of birth: DD / MM / YYYY Telephone number:						
USC email address:		@student.usc	.edu.au			
2. SOURCE OF INCOME						
▶ Do you live with ☐ No ☐ Yes	If Yes, you must de income per fortnigParent 1:\$	ght (p/f) for each pare p/f \$ of people that are su	ent: arent 2: p/f	evidence / documentation *of average y income? (Tick one box only)		
▶ Do you live with your partner?						
□ No □ Yes	- If Yes, you must declare your partner's income and attach supporting evidence / documentation *of average income per fortnight (p/f): Partner's income: \$ p/f What is the number of people that are supported by the family income? (Tick one box only) 1 2 3 6+					
▶ Do you work during the university year?						
No Yes	If Yes, please declar fortnight (p/f):Average income: \$	p/f of people that are su	Average hours wor	ked: me? (Tick one box only)		
Do you have any No Yes	(p/f): Income: \$	p/f	_	umentation * of your income per fortnight me? (Tick one box only)		



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 ▶ Do you have a Health Care Card? ☐ No ☐ Yes – If Yes, provide a scanned copy of your card and email with your application form. *Refer to next section 3 for details of supporting evidence / documentation 											
3. SUPPORTING E	VIDENCE / DOCUI	MENTA	TION								
The Tertiary Prepara expected to make a their income in orde	case for reimbursem										
Documents that will support your income status include:											
 Centrelink income statement Three recent payslips Most recent Australian Taxation Office (ATO) assessment notice 											
A copy of your Healt Note: This applicatio							•		mitted.		
4. BANK ACCOUN	IT DETAILS										
Please provide your application is approv		below.	This info	ormation	will on	ly be us	ed for pr	rocessin	g reimbı	ursemen	nt if your
Name of bank / fi	nancial institution:										
Location	of bank / financial institution:										
В	Bank account name:										
BSE	3 (Branch) number:							(Must	be exac	tly 6 dig	its)
	Account number:										
5. STUDENT DECL	ARATION										
I understand that givinformation supplied my knowledge. If and might be awarded to Student signature:	I on this form and in y of the information o me on basis of this	the acco is found applicat	ompany I to be fa ion and	ing docu alse or m I may be	ments a isleadin require	and state g, I acce ed to rep	ements i ept that to pay any i	s compl the Univ	ete and versity m so obtai	correct nay canc ned.	to the best of el the grant that
PRIVACY STATEM	IENT										
The information on t third parties. The Un											be disclosed to
LODGEMENT AND ENQUIRIES			DAT	DATE STAMP							
Email:	scholarships@usc.e	ps@usc.edu.au			Date	Date Received at Student Central					
In person:	Student Central, Gr Sippy Downs Camp		oor, Buil	ding C							

Email:	scholarships@usc.edu.au	Date Received at Student Central
In person:	Student Central, Ground floor, Building C Sippy Downs Campus	
Telephone:	+61 7 5430 2890	