

ABERBALDIE BURSARY APPLICATION FORM 2017-2018

STEP 1 – Student Details

NAME OF APPLICANT _____ D.O.B. _____

SCHOOL AND SCHOOL YEAR _____

INSTRUMENT STUDIED _____ NUMBER OF YRS _____

MUSIC TEACHER (or school music teacher if applicable): _____
(NB Teacher may be asked to write a confidential report on the student.)IS THE APPLICANT OF ABORIGINAL DESCENT? No YesIS THE APPLICANT RECOGNISED AS BEING GIFTED & TALENTED BY THEIR SCHOOL? No YesDOES THE APPLICANT HAVE A RECOGNISED DISABILITY No Yes. If Yes give details

STEP 2 – Parent/Guardian Details

PARENT/GUARDIAN _____

ADDRESS _____

TOWN _____ POSTCODE: _____

TELEPHONE _____ MOBILE _____

EMAIL _____

NO OF DEPENDANT CHILDREN IN THE FAMILY _____

WE ARE A: SINGLE PARENT FAMILY or 2 PARENT FAMILY I AM A SINGLE PARENT WITH A GROSS ANNUAL INCOME OF: Under \$20,000 \$20,000-\$35,000 \$35,000-\$45,000 \$45,000-\$55,000 \$55,000-\$65,000 Over \$65,000*music speaks volumes*

OR

- OUR COMBINED GROSS FAMILY INCOME IS:
- Under \$20,000 \$20,000-\$35,000 \$35,000-\$45,000 \$45,000-\$55,000
- \$55,000-\$65,000 Over \$65,000

STEP 3 – Financial Support Details

- I/WE DO NOT RECEIVE BENEFITS
- I/WE RECEIVE THE FOLLOWING BENEFITS (eg Family Allowance, Single Parent Pension)
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STEP 4 – Declaration

I enclose the following documents in this application and understand that without proof of income, this application is ineligible.

- FULL TAX RETURN (NOT ASSESSMENT) FOR LATEST TAX YEAR
- CENTRELINK PAYMENT SUMMARY
- OTHER INFORMATION AS REQUESTED BY BURSARY COMMITTEE
- I/WE CERTIFY THAT THE INFORMATION PRESENTED IS CORRECT.

Signature _____ Date _____
(parent/guardian)

CLOSING DATE: 4pm FRIDAY 21 JULY 2017

RETURN TO
NEW ENGLAND CONSERVATORIUM OF MUSIC
ATTENTION: CONFIDENTIAL
PO BOX 1313, ARMIDALE NSW 2350

music speaks volumes

