

ACT SECONDARY BURSARY SCHEME

2019 APPLICATION FORM

DEADLINES FOR SUBMITTING APPLICATIONS

- The Bursary payment is \$750 per year for eligible students in years **7-10**.
- Applications lodged by **30 November 2018** will be paid in **February or March 2019**.
- Applications received after this date will be processed and applicants paid as soon as possible after receipt. Late and/or incomplete applications may result in delayed or reduced payments.
- **Applications received from 1 July 2019 to 25 October 2019 will be eligible for a half-year payment of \$375 only. No payments will be made for applications received after 25 October 2019.**

INSTRUCTIONS FOR COMPLETING THIS FORM

- **Please read the information carefully before completing this form. Incorrect or incomplete information could delay, reduce or even invalidate your bursary payment.**
- Only a custodial parent or guardian who is financially responsible for the student(s) may apply for this benefit. That means the student must be living with the applicant and be financially dependent upon the applicant. There is space on this form to claim for three students. If you are claiming for more than three students, please complete another form in full, and attach it to this form.
- Where a choice of answers is given, please tick the appropriate box. Where a question is not applicable please write "N/A" or "Nil".
- **Please attach a copy of your current Health Care or Centrelink Card (both sides) to this form.** If your card expires before the cut-off date, please attach a copy anyway, as preliminary processing cannot begin without it. All applicants with cards that will expire before the payment date will receive letters asking for updates well before final processing begins.
- Please ensure that you read Section 6 of this form and sign the agreement.

PRIVACY PROVISION

This information is collected as a lawful administrative function of the Education Directorate for the purpose of determining your eligibility for the ACT Secondary Bursary Scheme. Checks may be made with education institutions to confirm enrolment and attendance details, with financial institutions to verify account details to ensure that payment is made correctly, and with Centrelink to verify concession entitlements.

As required by the Privacy Act 1988 all personal information will be kept in a secure manner.

ACT SECONDARY BURSARY SCHEME

ACT SECONDARY BURSARY SCHEME INFORMATION PAPER

1) PURPOSE OF THE SCHEME

The ACT Government's Secondary Bursary Scheme (SBS) provides assistance to low-income earners in the ACT with a current means-tested Centrelink card and dependent full-time student(s) attending an ACT high school.

2) ELIGIBILITY

There is no limit on the number of students for whom each applicant can apply, providing they meet all conditions:

- Each student's attendance is checked for unexplained absences with the school or other supervising authority. More than **five unexplained absences (5 missed classes will be counted as 1 day) during a Semester** may result in your application being denied.
- Only a custodial parent or guardian who is financially responsible for the student(s) may apply for this benefit. That means the student(s) must be living with the applicant and financially dependent upon the applicant. Students must be in year 7-10 in an ACT high school or, if home schooled, be of an age where they would be enrolled in year 7-10.
- Students and applicants must be ACT residents. If a post office box is given as a postal address and is the address on your Health Care Card or Centrelink Card, proof of residency must be attached in the form of a copy of a current driver's licence, telephone account or other account from a government body. If your address differs from that on your Health Care Card or Centrelink Card, proof of residence must also be given.
- Applicants must prove low-income status by providing a photocopy of a current Centrelink Card with means tested payment codes, including SA, NS, PG, PA, WA, SL, YT SP, FP, FA, LI, PP and DP. **If the card expires before the processing period, an updated copy must be sent as soon as the new card is received to ensure receipt of the payment.** It is also essential that the card is signed, and that it lists as dependants the student(s) being claimed for. In many cases, only the mother's card lists the dependants, therefore *even if the father is the applicant* the mother's card is still required *if it is the only one showing the student(s) listed.*

3) IMPORTANT

- Please remember that incomplete or incorrect information can delay, reduce or even invalidate your benefit.
- Fill in your application form correctly, sign it, and submit it on time.
- Provide an updated copy of your Centrelink Card when your card expires.
- Inform the Bursary Administrator immediately if your circumstances change, for example if your child changes schools or your bank account changes.
- Inform the school, in writing, of all student absences. There should be **NO MORE THAN 5 UNEXPLAINED ABSENCES** in a semester.
- Please keep this information paper for future ready reference.

4) APPLICATION FORMS can be obtained from the following:

- All ACT primary schools and high schools
- Centrelink (Regional Offices Only)
- The Smith Family 'Learning for Life' Co-ordinator
- Online at: http://www.det.act.gov.au/school_education/starting_school/financial_assistance_for_families
The link is located at the end of the Financial Assistance for Families Page.

For further information, please ring the [Bursary Administrator on ph: \(02\) 62058262](tel:0262058262)

SECTION 1 – APPLICANT’S DETAILS

Please note this section is for details of the **Applicant, not the student(s) being claimed for.**

NAME OF APPLICANT (Please indicate the name to which you wish your mail addressed)	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	SURNAME	GIVEN NAME/S
	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>		
	Other <input type="checkbox"/>			
RESIDENTIAL ADDRESS (Please indicate the address to which you wish your mail sent.)	Number and Street (or Property Name, etc.)			
	SUBURB		STATE	POSTCODE
POSTAL ADDRESS (if different) (Please indicate the address at which you live, if it is different from your postal address. If it is the same, please write “as above”.)	Number and Street (or Property Name, etc.)			
	SUBURB		STATE	POSTCODE
PHONE NUMBER(S) (Please list your daytime contact number or numbers.)	HOME		MOBILE	EMAIL

SECTION 2 – STUDENT(S) DETAILS

Please note that all your dependant students who will be in Year 7 to 10 should be listed here

STUDENT DETAILS	FIRST STUDENT	SECOND STUDENT	THIRD STUDENT
SURNAME			
FIRST GIVEN NAME			
MIDDLE NAMES			
DATE OF BIRTH			
GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Aboriginal and/or Torres Strait Islander	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHOOL NAME			
2019 SCHOOL YEAR/GRADE			

If you are claiming for more than three students, please fill out another form *in full* and send both forms together

SECTION 3 - EVIDENCE OF INCOME STATUS

Please attach a photocopy of your current Centrelink Card to this application. The copy of the card *must* show the names of the student(s) being claimed for in the list of dependants, and it *must* be signed. You must copy **both sides** of a Centrelink Card. Please note that **Medicare** cards are not accepted. Health Care Cards endorsed ‘FO’, ‘CD’, ‘MO’ & ‘DSP Blind’ are not entitled to access this scheme.

SECTION 4 - BANK ACCOUNT DETAILS

Please list the account into which you wish the Bursary to be paid. It may belong to the applicant or a family member. No payment can be made if your bank details are incorrect or change throughout the year without notifying this office.

ACCOUNT NAME (The name by which the bank addresses you on cards, forms, etc.)	
ACCOUNT TYPE (e.g. keycard or passbook.)	
BANK (Name of bank, credit union, etc.)	
BRANCH (Name of branch where the account was opened.)	
BRANCH NUMBER (BSB – Your bank will be able to give you this number.)	
ACCOUNT NUMBER (Your own account number. This number is vital to your payment. NB: This is not your keycard number.)	

SECTION 5 – HELP WITH YOUR CLAIM

If someone helped you fill in this form, and they are happy for us to contact them about any questions or problems that might arise with your claim, please tell us:

Their name:

Their address:

Their business hours phone number:

IMPORTANT: BEFORE SIGNING THE AGREEMENT BELOW, PLEASE CHECK THAT ALL PARTS OF THIS FORM HAVE BEEN COMPLETED CORRECTLY, INCOMPLETE OR INCORRECT INFORMATION CAN DELAY, REDUCE OR EVEN INVALIDATE YOUR PAYMENT.

SECTION 6 – AGREEMENT

To be read and signed by the applicant. Please note your responsibilities and the conditions governing the Bursary.

Note that in all cases in this agreement, “the Directorate” refers to the Education Directorate.

I CERTIFY that if I am entitled under the ACT Secondary Bursary Scheme to receive benefits for any student about whom details are provided on this form, **I will advise** the Directorate promptly in writing if:

- I change my address, phone number or bank details
- I am no longer eligible for a Health Care Card or Centrelink Concession Card

OR if any student claimed for:

- fails to commence studies on the expected date
- discontinues full time studies
- transfers from one school to another
- ceases to be dependent on me.

I WILL ensure the Directorate receives a copy of a current Health Care Card or Centrelink Card.

I AUTHORISE the Directorate to obtain any relevant details from educational and financial institutions and other authorities including Centrelink.

I ACKNOWLEDGE AND AGREE THAT:

Any payment made to me by the ACT Government under the ACT Secondary Bursary Scheme will be subject to the terms and conditions applicable to the scheme as set out in the Information Paper enclosed, and in any letter or other communication in writing sent to me by the ACT Government in relation to the scheme.

I will upon written demand by the ACT Government repay any amount, which has been paid to me under the scheme to which I am no longer entitled in accordance with the terms and conditions of the scheme.

I CERTIFY: That to the best of my knowledge and belief the information supplied on this form is complete, true and correct in every particular.

SIGNATURE of Applicant

Date:

___/___/___

NOTE:

Please return your completed form and supporting documentation to:

Email:

ACTSecondaryBursary@act.gov.au

Post:

Education Directorate
ACT Secondary Bursary Administrator
Hedley Beare Centre for Teaching and Learning
GPO Box 158
Canberra ACT 2601