

##### FUTURE OF EDUCATION EQUITY FUND (formerly the Secondary Bursary Scheme)

**2022 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 2021 will be paid in February or March 2022.

# 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 2022 to 31 October 2022 will be eligible for a half-year payment of $375 only. No payments will be made for applications received after 31 October 2022.

**INSTRUCTIONS FOR COMPLETING THIS FORM**

1. Please read the information carefully before completing this form. Incorrect or incomplete information could delay, reduce, or even invalidate your bursary payment.
2. 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.
3. Where a choice of answers is given, please tick the appropriate box. Where a question is not applicable, please write “N/A” or “Nil”.
4. **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.
5. 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.**

**FUTURE OF EDUCATION EQUITY FUND (Formerly ACT Secondary Bursary Scheme)**

**1) PURPOSE OF THE SCHEME**

The ACT Government believes all children and young people deserve the support they need to achieve a good education. Through the Secondary Bursary Scheme (SBS), low-income families with students in years 7-10 can seek financial assistance to meet the cost of schooling.

**2) ELIGIBILITY**

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

* 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 provide evidence of low-income status by supplying a photocopy of a current Centrelink Card with means tested payment codes. **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) SUPPORT WITH YOUR APPLICATION**

* If you have any questions about the application process, please contact the Bursary Administrator on   
  (02) 6205 8262 or via email [ACTSecondaryBursary@act.gov.au](mailto:ACTSecondaryBursary@act.gov.au).
* If you disagree with the outcome of your application and would like to discuss this, please contact Families & Students, Complaints & Feedback on 6205 5429.
* You can also provide feedback through the Education Directorate contact form via Access Canberra <https://www.accesscanberra.act.gov./app/forms/etd_liaison_feeback>.
* Application forms can be found at all ACT primary schools and high schools, Centrelink (Regional Offices Only), The Smith Family “Learning for Life” Co-ordinator or on the Education Directorate’s website <https://www.education.act.gov.au/support-for-our-students/financial-and-resource-assistance-for-families>.

**4) IMPORTANT**

* Please remember that incomplete or incorrect information can delay, reduce, or even invalidate your payment.
* Complete each section of the application form, sign it, and submit it to the bursary administrator via email or post.
* 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.
* Please keep this information paper for future ready reference.

**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 |  | Ms |  | **SURNAME** | | | **GIVEN NAME/S** |
| Mrs |  | Miss |  |
| Other |  |  |  |
| **RESIDENTIAL ADDRESS**  (Please indicate the address to which you wish your mail sent.) | 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 |  |  |  |
| SCHOOL NAME |  |  |  |
| **2022** SCHOOL YEAR |  |  |  |

**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.) |  |
| **BANK**  (Name of bank, credit union, etc.) |  |
| **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

Please note your responsibilities and the conditions governing the Bursary Scheme. 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](mailto:ACTSecondaryBursary@act.gov.au)

**Post:**

Education Directorate

ACT Secondary Bursary Administrator

Hedley Beare Centre for Teaching and Learning

GPO Box 158

CANBERRA ACT 2601