MONTE SANT’ ANGELO MERCY COLLEGE

Bursary Application Form

Applications close:
Friday 23 September 2016

As at: 1 July 2016
SECTION A

FAMILY INFORMATION

Child’s Surname _______________________________________________________

Given Names _______________________________________________________

Date of Birth _______________________________________________________

Enrolment Form lodged ______ OR Current Year at MSAMC ______

Year of entry ______

NOTE: If the child is not currently enrolled at the College, this application needs to be accompanied by an Application for Enrolment (available from the Registrar). Payment should not accompany Bursary Application but will be payable should Bursary be offered or enrolment proceed.

Address ____________________________________________________________

____________________________________________________________________

Present School _______________________________________________________

____________________________________________________________________

Number of Siblings:  Sisters _______  Brothers _______

Siblings’ Date of Birth

1. ___________________________  1. ___________________________

2. ___________________________  2. ___________________________

3. ___________________________  3. ___________________________

4. ___________________________  4. ___________________________

Siblings’ Current School/Year level

1. ___________________________ /____  1. ___________________________ /____

2. ___________________________ /____  2. ___________________________ /____

3. ___________________________ /____  3. ___________________________ /____

4. ___________________________ /____  4. ___________________________ /____

Connections with the College (e.g. relatives who are past students, etc)

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
**Father’s Circumstances (If deceased, please state)**

Full Name  
_______________________________________________________
Address  
__________________________________________________________________
Telephone  
H: ______________  W: ______________  M: ______________
Occupation  
__________________________________________________________________
Marital Status  
__________________________________________________________________
Number and Nature of Dependents  
__________________________________________________________________

Financial details (Please complete Form A. If parents are separated/divorced, then both parents are to complete a separate Form A)

**Mother’s Circumstances (If deceased, please state)**

Full Name  
_______________________________________________________
Address  
__________________________________________________________________
Telephone  
H: ______________  W: ______________  M: ______________
Occupation  
__________________________________________________________________
Marital Status  
__________________________________________________________________
Number and Nature of Dependents  
__________________________________________________________________

Financial details (Please complete Form A. If parents are separated/divorced, then both parents are to complete a separate Form A)

**Nature of Special/Necessitous Circumstances**

In order for the committee to make an assessment of the application please provide details of your special /necessitous circumstances. This information is to be supported by an independent party (e.g., parish priest, solicitor, doctor). Attach this information as a separate sheet(s) if necessary.

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
**Benefit of Bursary to Child**

Please state, in your own words, how a Bursary at MSAMC would benefit your child. If necessary you can attach a statement of not more than 200 words.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**Contribution to MSAMC**

Please state what your child may bring to MSAMC in respect of spiritual, academic and co-curricular activities. If necessary you can attach a statement of not more than 200 words.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
SECTION B  FAMILY FINANCIAL INFORMATION

If parents are separated/divorced, then both parents must complete separate Financial Information forms

Parents’ Financial Information

Attach copies of your tax returns for the preceding three years (YE 2014; 2015 & 2016).

1. What is your and your spouse/partner’s combined annual income (before taxation) for the last preceding three years? If there have been any changes since the end of the last financial year, please specify.

   Financial Year 20__  $................................................
   Financial Year 20__  $................................................
   Financial Year 20__  $................................................

2. Was any of your income derived from a source of which you are associated with by being a shareholder, director, beneficiary of a trust or family related (by marriage or direct relative)? If so please specify.

   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

3. Do you or your spouse/partner have any interest in any entity, directly or otherwise, by direct shareholding, being a partner, or a beneficiary of a trust whether presently entitled or not? If so, please specify.

   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

4. Have you or your spouse/partner received any other financial benefit of any kind in the last three years and to the date of this application (such as accommodation, loans, lottery winnings etc) from any source? If so, please specify.

   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

5. Is there any matter, financial or otherwise, which if the Bursary fund were aware of, may influence the awarding of any Bursary or part Bursary?

   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
6. Accommodation Details

*If owned, please complete:*  
*If rented, please indicate:*

- **Year purchased:** ________________  
- **Monthly Rent:** $______________
- **Purchased price:** $______________  
- **Length of Lease:** ________________
- **Monthly mortgage repayments:** $______________
- **Current balance owing on Mortgage:** $______________

**Child’s Financial Information (if applicable)**

If insufficient space please attach a separate sheet

1. What is your child’s annual income (before taxation) for the last preceding three years? If there have been any changes since the end of the last financial year, please specify.

   - Year 20__ $………………………………
   - Year 20__ $………………………………
   - Year 20__ $………………………………

2. Was any of your child’s income derived from a source of which you are associated with by being a shareholder, director, beneficiary of a trust or family related (by marriage or direct relative)? If so please specify.

   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

3. Does your child have any interest in any entity, directly or otherwise, by direct shareholding, being a partner, or a beneficiary of a trust whether presently entitled or not? If so, please specify.

   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

4. Has your child received any other financial benefit of any kind in the past three years and to the date of this application (such as accommodation, loans, lottery winnings etc) from any source? If so please specify.

   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
SECTION C DECLARATION

I/we swear/affirm that

a). I/we am/are the parents/carers of the child in this application

b). I/we am/are aware that I/we have an obligation to make a full and frank disclosure to the Monte Sant’ Angelo Mercy College Bursary Selection Committee of my/our financial situation.

c). The information set out in this statement and attachments which is within my/our personal knowledge is true. Where I/we have given an estimate in this statement, it is based on my/our knowledge and is/are given in good faith. All other information given in this statement and any attachments is true to the best of my/our knowledge, information and belief.

d). I/we have no income, property or financial resources other than as set out in this statement.

Father/Carer Signature Sworn/Affirmed:

Date: ________________
Place: ________________

Before me: Justice of the Peace/Solicitor

Signature: Full Name: ________________________________

Date: ________________
Place: ________________

Mother/Carer Signature Sworn/Affirmed:

Date: ________________
Place: ________________

Before me: Justice of the Peace/Solicitor

Signature: Full Name: ________________________________

Date: ________________
Place: ________________
MONTE SANT’ ANGELO MERCY COLLEGE
Bursary Application: Form A - Summary of Financial Position

If parents are separated/divorced, both parents to complete a separate form

<table>
<thead>
<tr>
<th>Name of Applicant:</th>
<th>Financial Year:</th>
<th>As at: ___ / ___ / ___</th>
</tr>
</thead>
</table>

### ASSETS

<table>
<thead>
<tr>
<th>Estimated Market Value</th>
<th>LIABILITIES</th>
<th>Estimated Market Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash on Hand</strong></td>
<td><strong>Bank Overdraft</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Bank Account/s</strong></td>
<td><strong>Bank</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Bank</strong></td>
<td><strong>Bank</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Term Deposits</strong></td>
<td><strong>Bank Loans</strong></td>
<td></td>
</tr>
<tr>
<td><strong>e). Bank</strong></td>
<td><strong>Bank</strong></td>
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<tr>
<td><strong>f). Bank</strong></td>
<td><strong>Bank</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Trade (Business) Receivables</strong></td>
<td><strong>Trade (Business) Payables</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Other Amounts Due to You</strong></td>
<td><strong>Other Amounts Owing by You</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Stock on Hand</strong></td>
<td><strong>Credit Cards</strong></td>
<td></td>
</tr>
<tr>
<td>- Finished Goods</td>
<td>- Card</td>
<td></td>
</tr>
<tr>
<td>- Work in Progress</td>
<td>- Card</td>
<td></td>
</tr>
<tr>
<td>- Raw Materials</td>
<td>- Card</td>
<td></td>
</tr>
<tr>
<td><strong>List livestock on separate page</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Investments</strong></td>
<td><strong>Other Finance Loans</strong></td>
<td></td>
</tr>
<tr>
<td>- Shares (listed and unlisted)</td>
<td>- Type</td>
<td></td>
</tr>
<tr>
<td>- Debentures, etc.</td>
<td>- Type</td>
<td></td>
</tr>
<tr>
<td><strong>Land and Buildings</strong></td>
<td><strong>Other Liabilities (please specify)</strong></td>
<td></td>
</tr>
<tr>
<td>- Address (Home)</td>
<td>____________________________</td>
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<tr>
<td>- Address (Other)</td>
<td>____________________________</td>
<td></td>
</tr>
<tr>
<td><strong>Plant and Equipment</strong> (list major items separately)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Motor Vehicles</strong></td>
<td><strong>Superannuation</strong></td>
<td></td>
</tr>
<tr>
<td>- Make/Year</td>
<td>- Fund Name</td>
<td></td>
</tr>
<tr>
<td>- Make/Year</td>
<td>- Current Balance (Total)</td>
<td></td>
</tr>
<tr>
<td><strong>Furniture</strong></td>
<td><strong>TOTAL ASSETS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Other Assets (please specify)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-</td>
<td><strong>Less Total Liabilities</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Insurance Policies (Please specify)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-</td>
<td><strong>NET ASSETS</strong></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL ASSETS

NET ASSETS