

UWA SOS Emergency Grant Application Form

PERSONAL DETAIL	S														
UWA ID:															
Course Title:		<u></u>			_	<u>-</u>					<u> </u>				
Family name:															
Given names:															
Gender:	Femo	ale			Ма	le			Unspe	cifie	d				
Home Address:							<u> </u>								
Mobile:															
Email:															
Have you ever received funds from UWA? Yes No															
If YES, name of loan/grant/scholarship:															
If YES, date received:															
If YES, amount received: \$															
PLEASE PROVIDE DETAILS OF THE PEOPLE LIVING WITH YOU IN YOUR HOUSEHOLD															
Name						Relationship A						Age	;		
INCOME (money received) & ASSETS (items or property owned)															
INCOME	,		'									Wool	dy An	a quint	
Centrelink					Тур)e				\$		Wee	CIY AI	nount	
Employment										\$					
Parental Allowance										\$					
	·c									\$					
Scholarships / Grant	3														
Scholarships / Grant Sponsorships	3									\$					
	3									\$					
Sponsorships Shares, Trusts Other (tax returns, e															
Sponsorships Shares, Trusts Other (tax returns, e					Тур	pe				\$		Amo	unt / '	Value	
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Sponsorships Shares, Trusts Other (tax returns, e					Тур	oe .				\$		Amo	unt / '	Value	

SOS Emergency Grant Student Life

CIRCUMSTANCE STATEMENTS							
Please expla	in in detail the reason why emergency funds are	needed					
Please expla	ain in detail what you will use these emergency fur	nds for					
Please expla	in how your current situation is affecting your stud	ies					
	ribe your efforts to obtain assistance for these unex ramily, friends, campus or community organisation						
income (ie. ii	uriny, menas, campos or commonly organisation	is, eic)					
	Application Chec						
	npleted application form pank account statements (last 90 days)	Last Tax Assessment Notice Income Statement, if in receipt of Centrelink					
	dit card / loan statements (last 90 days)	Any additional documentation (optional)					
		_					
l ce	I certify that the information provided by me in relation to this application is true and correct						
Signature:		Date:					

CIDOLIA ACTA NIOE CTATELAENITO

For the purpose of this application a typed name, in conjunction with sending from an associated UWA student email, will be considered an acceptable signature

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