

## UWA Law School Student Emergency Fund

The UWA Law School Student Emergency Fund is funded by philanthropic donations and provides grants of up to \$500 to eligible students undertaking the Juris Doctor. The Fund assists students by providing financial support for unexpected emergency expenses surrounding situations such as accidents, illness, death of a family member or need for temporary housing.

You can apply to this fund for a grant if an unexpected event has caused financial difficulties and is affecting your studies.

Money provided through a grant can be used for essential living expenses, course materials or other unexpected expenses, and does not have to be paid back.

To be eligible for a grant, you must be:

- currently enrolled in the Juris Doctor at the University of Western Australia
- at risk of discontinuing your study
- able to demonstrate severe financial hardship, and
- able to confirm that you have exhausted all other avenues of financial assistance (Centrelink, UWA Student Guild, savings, etc.).

Applications should be submitted directly to the Dean of the Law School for assessment.

You must complete all relevant details on the application form on the next page in order for your application to be processed. Please note that you may be required to provide relevant documentation to support this application upon request and that an interview may be required.

All applications are treated as a matter of urgency however please note that payments will only be made on Thursday's each week with applications processed before Monday paid that same week.

# UWA Law School Student Emergency Fund Application Form

Full name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Email: \_\_\_\_\_ Contact number: \_\_\_\_\_

Course name: \_\_\_\_\_ Current yr. of study: \_\_\_\_\_ Full or part-time \_\_\_\_\_

1. Requested amount (maximum of \$500) : \_\_\_\_\_

2. Have you received funds from the Law School Student Emergency Fund before? Yes  No

If yes, what date was the grant received? \_\_\_\_\_ Amount received: \_\_\_\_\_

3. Explain in detail the reason why emergency funds are needed and what they will be used for (please attach an extra page if required) :

4. How is your current situation affecting your studies?

5. Please describe your efforts to obtain assistance for these unexpected expenses through other sources (family, friends, campus/community organizations, etc.):

I certify that the information provided by me in relation to this application is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FF CE USE LY:**

**This application has been: APP ED DECL ED**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**This form is to be completed by the supplier**

**Vendor ID (or Staff/ Student Number, if applicable)**

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**Vendor Name**

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**Vendor Bank Details**

Name of Financial Institution  
(ie. Westpac, NAB etc.)

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Address/ Branch of  
Financial Institution

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Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Australian Business  
Number (ABN)

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BSB Number

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Account Number

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E-Mail Address (For receipt of remittance advice)

Please attach supporting evidence of bank details i.e. invoice on company letterhead containing bank account details, bank statement or deposit slip.

**Conditions of use of EFT:**

- Future payments made by The University of Western Australia will be by EFT.
- The above-named Business agrees to repay to The University of Western Australia on demand any payments credited to the Business in error or as a result of incorrect information supplied on this form. The University of Western Australia reserves the right to off set the amount of any overpayment made in error against any future debt or liability owing to The University of Western Australia by the Business.
- The University of Western Australia reserves the right at any time to terminate or suspend this EFT payment system and to pay by any other manner which The University of Western Australia may determine from time to time.

**In relation to the above bank details submitted to The University of Western Australia, I hereby certify the above information to be correct, and agree to the above conditions.**

**This form is to be signed by the vendor or the personnel receiving funds only.**

Position:		Name:	
Phone:		Signature:	
Fax:		Date:	

**For Completion by Financial Services**

Vendor ID _____	Approved By _____
Date _____	Approval Date _____
Actioned By _____	Comments _____