



THE UNIVERSITY  
of ADELAIDE

# STUDENT EMERGENCY FUND APPLICATION

## PERSONAL DETAILS

Family name  Other names

Student ID No.  Year of study  Full time / Part time (please circle)

Program Title

Units of study this semester

Faculty

Address

Phone  Mobile  Email

Postal address   
(if different from above)

## BANK DETAILS (GRANT PAID DIRECTLY TO BANK ACCOUNT)

Have you entered your current bank account details on the University Website? Yes / No (please circle)

To avoid delays in payment should your application be successful, please ensure your nominated bank account details are up to date on the University website:  
[adelaide.edu.au/finance/updatebank/](http://adelaide.edu.au/finance/updatebank/)

## FINANCIAL CIRCUMSTANCES

You will need to provide Supporting Documentation

INCOME		MONEY AND ASSETS IN RESERVE	
Youth Allowance	\$	Banks, Credit Union Accounts	\$
Austudy/Abstudy	\$	Investments	\$
Other Centrelink Payment	\$	Assets (not home or household)	\$
Full Time Work	\$		
Part Time Work	\$		
Scholarship	\$		
Parent/Spouse Support	\$		
Other (please specify)	\$		
<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>

Have you applied for any other scholarships, awards, or Government benefits, not included above? YES  NO

Please supply details

Have you previously applied for STUDENT EMERGENCY GRANT? YES  NO  If yes, when?

## OFFICE USE ONLY

Bank Transfer  /  / 20 Entered by  Payment ID

## FINANCIAL CIRCUMSTANCES (CONTINUED)

LIVING EXPENSES (AVERAGE WEEKLY)		LUMP SUM AMOUNTS STILL OWING	
Rent/Mortgage	\$	Books	\$
Electricity/Gas	\$	Other (please specify)	\$
Food & Groceries	\$	Assets (not home or household)	\$
Telephone	\$	<b>TOTAL</b>	\$
Transport	\$	<b>Do you have any persons financially dependent on you?</b> <i>(Please give details)</i>	
Entertainment	\$		
Clothing	\$		
Other (please specify)	\$		
<b>SUBTOTAL</b>	\$		
OTHER REGULAR PAYMENTS (AVERAGE WEEKLY)			
Appliance Rental	\$		
Loan repayment	\$		
Credit Card repayments	\$		
Lump sum amounts owed	\$		
Other (please specify)	\$		
<b>SUBTOTAL</b>	\$		
<b>TOTAL WEEKLY EXPENDITURE</b>	\$		

DETAILS & COST ESTIMATES OF REQUIRED EXPENDITURE	\$ COST ESTIMATES
PLEASE PROVIDE ACCOUNTS, DETAILED ESTIMATES OF COSTS, SUPPORTING DOCUMENTATION FROM SERVICE PROVIDER / UTILITY SERVICE ETC.	
	\$
	\$
	\$
	\$
	\$
	\$
	\$

**PLEASE PROVIDE A STATEMENT OF NO MORE THAN 300 WORDS DESCRIBING THE NEED FOR FINANCIAL ASSISTANCE AND HOW THE GRANT WILL BE USED IF SUCCESSFUL.**

CONSIDER INCLUDING SUPPORT LETTER FROM UNIVERSITY STAFF MEMBER OR EXTERNAL EG HEALTH PROFESSIONAL /COMMUNITY AGENCY

## APPLICANT'S DECLARATION

I declare that the information given by me in this application is correct, and I undertake to use any money granted for the purpose stated. I agree that my name may be forwarded in confidence to the Managers of the Grant to ensure compliance with the terms of the Grant.

Signed  Date

*The completed form must be lodged with Student Care (an independently incorporated service of the Adelaide University Union). An Education and Welfare Officer will interview the applicant and make recommendations to the University's Student Emergency Fund selection panel.*

## INTERVIEWING OFFICER'S COMMENTS

Signed  Date

## FOR USE BY THE COMMITTEE

Amount sought	<input type="text"/>	Signed	<input type="text"/>
Amount granted	<input type="text"/>	Signed	<input type="text"/>
Special Condition	<input type="text"/>		
Comments	<input type="text"/>		

**PRIVACY STATEMENT:** The University of Adelaide's privacy statement can be found at: <https://www.adelaide.edu.au/legals/privacy>

**ELIGIBILITY:** To be eligible for a Grant from the Student Emergency Fund, students must be enrolled in a minimum study load of three units per semester.

### PLEASE COMPLETE AND RETURN TO

Student Care  
Adelaide University Union

**EMAIL** [studentcare@adelaide.edu.au](mailto:studentcare@adelaide.edu.au)

**TELEPHONE** +61 8 8313 5430

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