**Equal Access Scheme**

**Personal Details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | |  | | | Preferred Name | |  |
| Surname | |  | | | Student ID | |  |
| Email | | @student.adelaide.edu.au | | | Mobile | |  |
| Campus | | □ Adelaide | □ Waite | | | | □ Roseworthy |
| Study Program | |  | | Year | |  | □ Full time □ Part time |
| Address | |  | | | | | |
| Gender | |  | | Date of Birth | | | / / |
| **Banking Details *(Please print clearly. If successful Grant is paid directly to bank account)*** | | | | | | | |
| Bank Name |  | | | BSB Number | | |  |
| Account Name |  | | | Account Number | | |  |

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| --- |
| **Please describe your circumstances** *(e.g. Sole parent, long term unemployed, disability, special entry, homeless, pensioner parent/family etc)* **and how a grant may assist you**. *(specific expenses useful)* |
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**Student Care Office**

**Level 8 Hughes Building, University of Adelaide**

**T: 8313 5430**

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

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| --- | --- | --- | --- |
| **Income** | | **Living expenses** | |
| Youth Allowance: | $ | Rent/Mortgage: | $ |
| Austudy/Abstudy: | $ | Electricity/Gas: | $ |
| Other Centrelink Payment: | $ | Food & Groceries: | $ |
| Full Time Work: | $ | Telephone: | $ |
| Part Time Work: | $ | Transport: | $ |
| Scholarship: | $ | Entertainment: | $ |
| Parent/Spouse Support: | $ | Clothing: | $ |
| Other *(please specify)* | $ | Other (please specify) | $ |
| **TOTAL INCOME** | $ | **Subtotal:** | $ |
| **Money Reserve** | $ |  |  |
| **(Please provide proof of income)** | | **Other regular payments** *(Average weekly)* | |
|  | | Appliance Rental: | $ |
|  | | Loan repayment: | $ |
|  | | Credit Card repayments: | $ |
|  | | Lump sum amounts owed: | $ |
|  | | Other *(please specify)* | $ |
|  | | **Subtotal:** | $ |
|  | | **Total Weekly Expenditure:** | $ |
|  | |  |  |
| **Signature…………………………………………………** | | **Date** | / / |

**Please note: Once you have completed your application contact Student Care to make an appointment for a short interview. Bring your application and proof of income to the interview.**

*Office Use Only*

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| **Interview Date:** | **/ /** | | **Interviewer:** |  | |
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|  | | | | | |
| Category |  | Amount | | $ | □ Recommended |
| Bank Transfer | / /20 | Payment ID | |  | □ Not Recommended |