



CONFIDENTIAL all information you supply is confidential but required for reporting purposes

LEARNER ASSISTANCE GRANT APPLICATION FORM

which may be able to assist with a "one-off" unforeseen financial situation

Please complete all sections that may be relevant to your application and provide any supporting evidence/documentation that may assist the Committee ie. quotes / supporting letters.

First Name: _____ Surname: _____ Age: ____

Term Address: _____

Gender: _____ Ethnicity: _____ ID Number: _____

E-mail: _____ Cell Phone: _____

Living arrangements:

Flatmates: *How many in household?* Living with spouse/partner Hall of residence

Boarding privately Living in own home Living with parent(s)

Other: *please state* _____

Programme of Study: _____ Year of study: (1st, 2nd, etc) _____

Fulltime? YES / NO _____ Distance or on-campus learner: _____

- Domestic Relationship: _____
- Dependent(s): (if applicable) NO: _____ Age(s): _____
- How would you prefer to be contacted about this application? Cell Phone / E-mail _____

REASONS FOR SEEKING AN ASSISTANCE GRANT / AMOUNT APPLYING FOR: \$

Please state your reasons for seeking a Learner Assistance Grant and any other information that you wish to bring to the attention of the Committee. (Continue on a separate sheet if necessary).

DECLARATION

I declare the information and budget provided is correct and no information which could have a bearing on my application has been withheld. I understand that if the Learner Assistance Fund Committee becomes aware that the information given is not correct or has been omitted, their decision may be reversed, and my fees account debited for the amount I have received.

Signature: _____ Date: _____

PLEASE RETURN THE COMPLETED FORM TO:

OPSA Office located in the HUB – Mason Centre, Forth Street, Dunedin OR Email: lesley.scoullar@op.ac.nz

FOR OFFICE USE ONLY

Assistance approved (amount) \$

grant

Date:

Assistance not approved

Details of approval / reasons for non-approval:

Committee Members present: _____

YOUR FINANCIAL DETAILS - please answer all relevant questions.



YOUR BANK ACCOUNT NUMBER: _____

INCOME

1. **Weekly Employment** (*While attending Otago Polytechnic Limited*) **Weekly amount (net):**
\$ _____
2.
 - **Employer:** _____
 - **Expected period employed:** From _____ To: _____
 - **Weekly hours:** _____

2. Other income - Do you or your spouse/partner have income from any other source? YES / NO (excluding, StudyLink Student Allowance or, Loan). If YES, list this on your weekly budget breakdown.

3. StudyLink Learner Allowance / Student Loan – please list this on your weekly budget breakdown.

INDEBTEDNESS – please attach all documentary evidence if you require assistance with these.

1. **Total of other debts: \$** _____ **Please list details below**

- | | |
|-----------------|------------------|
| Owing to: _____ | Amount: \$ _____ |
| Owing to: _____ | Amount: \$ _____ |
| Owing to: _____ | Amount: \$ _____ |
| Owing to: _____ | Amount: \$ _____ |

PROGRAMME OF STUDY/COURSE-RELATED EXPENDITURE

1. **Have you drawn down and spent your full StudyLink \$1000 course-related costs? YES / NO**
If YES - *What did you use this money for?*

If NO – *How much do you have left?* Amount \$ _____ or NOT eligible

2. **What other costs will you have relating to your programme of study?** *Eg. petrol for field trip*
\$ _____

Provide details: _____

ATTACHMENTS - Feel free to attach any other information that you wish the Committee to consider when assessing your application.

- a) Statement from an independent person who can attest to any special circumstance ie: a Doctor, Counsellor, Budget Advisor, Kaumatua, or other person involved in welfare matters.
- b) Evidence of having approached other agencies seeking financial assistance (eg. Verification of Decline from StudyLink/WINZ).
- c) Evidence of debt, e.g., bank statements, credit card statements, etc. showing a minimum of the last 20 transactions.

PLEASE TURN TO THE NEXT PAGE AND COMPLETE YOUR WEEKLY EXPENSES, FILL OUT EVERYTHING THAT MAY APPLY TO YOU.

Please note beside each line if the payment is made weekly, fortnightly, monthly, or annual costs.

WEEKLY INCOME		WEEKLY EXPENSES		
Student Allowance		House Mortgage		
			Rates DCC/ORC	
			House Insurance	
Student Loan - living costs		Rent to Landlord		
		Board		
Partner Income			Contents Insurance	
WINZ Benefit		Communication	Cell	
Board/Rent received			Internet	
IRD - Family Support			Sky / Netflix / other	
Scholarship		Utilities	Electricity	
			Gas heating	
Family help			Wood	
Part-time work		Vehicle	Insurance	
			Warrants/Rego	
ACC			Repairs	
			Petrol	
Other		Transport	Bus/Taxis	
			Other	
		Children	Other	
Total			After school care	
Any other income/debts/circumstances that should be taken into consideration:			Holiday programmes	
			Day Care	
			School expenses	
		Food	Supermarket	
			Lunch/Takeaways	
		Medical	Doctor	
			Dentist	
			Prescriptions/other	
		Clothing		
		Grooming		
		Pets		
		Cigarettes		
		Alcohol		
		Gifts/Magazines		
		Entertainment		
		Other		
		Loans		
		Credit card/s		
		Hire Purchase		
		Fines		
		Other		
Total			Total	