

**Administrative and financial Management**

Matter followed by: Jean-Pierre GUGUEN  
 Jean-pierre.guguen@condorcet.com.au  
 Tel : +61 2 9344 8692

Reference(s) : PC/JPG/  
 S:\Administration\Finance\Aides à la scolarité\Aide financiere\AS 2017\Financial assistance form 17-18.doc

## **FINANCIAL ASSISTANCE REQUEST FORM**

*Please answer all questions. If a question does not concern you, please write 'nil'.*

SCHOOL YEAR: 2017/2018

1st request

Renewal

### -I- Information relating to family

✓ **Family situation :**      Married      Divorced      De facto  
    Single      Widow      Separated      PACS

✓ **Household composition :**

	Father	Mother	Other
<b>SURNAME</b>			
<b>First name</b>			
<b>Date of birth</b>			
<b>Location and birth country</b>			

\*\*( family looks after the children mentioned above).

<i>Dependent children** SURNAME</i>	<i>First name</i>	<i>date of birth</i>	<i>nationality</i>	<i>Place of residence</i>	<i>School</i>

Any child who is older than 5 years old should be mentioned on a separate sheet.

✓ **Dependent child with a disability** (Surname, first name, age and level of disability)

.....  
 .....  
**✓ Current accommodation**

Do you own the premises where you live:      YES                  NO  
 Surface area: ..... Number of rooms.....  
 Number of people who live in the premises: .....

<b>✓ Professional Situation</b>	<b>Father</b>	<b>Mother</b>	<b>Other</b>
Profession (if you are unemployed, please indicate since when)			
Employer			

If you are employed, do you have a certain relationship with your employer? (family, association,...).....  
 .....

**✓ Advantage in kind**

Advantages in kind that you may receive from your employer or your family, please provide an amount ...  
 Company car ..... electricity .....  
 Company accommodation ..... gas .....  
 Plane ticket ..... water .....  
 Secondary residence..... telephone(s) .....  
 heating..... food.....

<b>✓ Personal vehicles</b>	<b>Number</b>	<b>Model</b>	<b>Date purchased</b>	<b>Value when purchased</b>
car				
motorbike				
boat				
other				

**✓ Assistance to schooling:**

Do you benefit from another schooling assistance for your children?.....  
 .....  
 Provider (employer, host country...): .....  
 .....

**✓ Leisure / Trips**

Are the members of the family enrolled in any clubs (sports, ...). Which ones? .....  
 .....  
 During the last couple of years, how often have the different members of the family travelled, for reasons other than professional, out the country of residence (please specify destinations).....  
 .....  
 .....

**✓ Service staff**

Number:..... Position: ..... Yearly cost:

## SWORN STATEMENT REGARDING RESOURCES AND PROPERTY

### 1. Resources and annual expenses Year of reference 2016 (in case of no income, please write zero)

ANNUAL RESOURCES	Father	Mother	Other
<b>Gross incomes before any deduction,</b> <small>(salary, retirement, compensation and any allowance...)</small>			
Alimony			
Property income from movable assets <small>(financial investments in shares...)</small>			
Property income (Rent...)			
Family assistance			
Total amount of all the advantages in kind <small>(free accommodation, plane tickets)</small>			
<b>TOTAL</b>			
ANNUAL EXPENSES			
Compulsory social security contributions <small>(health insurance, pension, CFE under condition)</small>			
Income tax			
Alimony Pension paid			
<b>TOTAL</b>			

### 2. Property income (if no property, please write zero)

Type	Number	Country-City	Acquisition date	Purchase value	Initial amount	Amount of the loans which have to paid off	Surface area
Main residence							
Secondary residence(s)							
Building(s)							
Apartment(s)							
Business(es)							
Agricultural land(s)							
Land(s) to build on							
<b>TOTAL</b>							

### 3. Property income from movable assets (if no income from movable assets, please write zero next to total)

Type: (shares, bonds, life insurance, other investment...)	Amount
<b>TOTAL</b>	

### 4. Assets in bank accounts (current account, savings account...)

Type of account	Bank	Asset amount
<b>TOTAL</b>		

I hereby certify that the amounts on this declaration are complete and accurate. I am aware that any incomplete or inaccurate declaration would lead to being excluded from the financial assistance system.

**Date:**

**At:**

« I, the undersigned, (Surname, first name) ....., certify that all information on this request is complete and accurate. I am aware that any inaccuracy or omission can lead to being excluded from the financial assistance system.

And I solemnly declare, sincerely and honestly, that this is the truth pursuant to the Allegiance act, 1900.

*Please write 'read and approved' before signing.*

**Signature:**

**On the            at**

**For administrative use only**

*Previous year:*

*Quota lot :*

Decision