

## Eligibility

\* indicates a required field

### Introduction

This Student Financial Assessment is used to determine your eligibility for a range of bursaries and grants provided by University of Melbourne to assist students who are experiencing financial difficulties.

If you are completing this form for the purpose of a specific bursary or grant provided by your faculty, you will also automatically be considered for the [Student Grants](#).

This form may ask you to provide supporting documentation (such as Centerlink statements or medical certificates). Other attachments, if not required, will not be considered as part of the assessment.

### Your details

Provide the following details

**Name \***

Title

First Name

Last Name

**Email \***

**Student ID \***

Your University of Melbourne Student ID

### Basic eligibility

**Are you an enrolled student with the University of Melbourne? \***

☐ Yes

☐ No

**Are you experiencing financial difficulties? \***

☐ Yes

☐ No

### Ineligible

**You do not meet one or more eligibility criteria and will not be considered for financial support.**

## About you

\* indicates a required field

**What is your date of birth? \***

Date of birth is used to determine your age at the time of application for the purpose of grants or bursaries that are available to mature age students

**How do you describe your gender? \***

- ☐ Man or male
- ☐ Woman or female
- ☐ Non-binary
- ☐ Prefer not to answer

If you prefer not to answer this question, we will not be able to consider you for grants or bursaries that are available to students who identify as a specific gender.

**What is your relationship status? \***

- ☐ Single, separated, divorced or widowed.
- ☐ Partnered (married, registered or defacto)

**Note:** You will asked to provide details about your partner's income, expenses, assets and liabilities as part of this assessment.

**Which option best describes your current living arrangements: \***

- ☐ Home stay program
- ☐ Living in family home with a parent
- ☐ Living separately from family but in property owned by a family member
- ☐ Living with another family member (excluding siblings)
- ☐ Private rental property - sharing with others
- ☐ Private rental property - living by yourself
- ☐ Property which you own or are paying off mortgage
- ☐ University of Melbourne Residential College

**What is your citizenship or residency status? \***

- ☐ Australian citizen (domestic student)
- ☐ Australian permanent resident (domestic student)
- ☐ Australian temporary resident (international student)
- ☐ New Zealand citizen (domestic student)

**Did you complete secondary school in Australia? \***

- ☐ Yes
- ☐ No

**What is the postcode of your residential address when you were completing secondary school? \***

**Are you of Aboriginal or Torres Strait Islander heritage \***

- ☐ Yes ☐ No

**Have you provided the University with confirmation of your Aboriginal or Torres Strait Islander heritage? \***

- ☐ Yes ☐ No

See: [Confirmation of Identity](#)

## Past year activities

Specify your activities in the last twelve months

**Were you undertaking any studies? \***

- ☐ Mostly full-time study  
☐ Mostly part-time study  
☐ No study

**Were you employed \***

- ☐ Mostly full-time employment  
☐ Mostly part-time employment  
☐ Not employed

**Did you undertake interstate or overseas travel or holidays? \***

- ☐ Yes ☐ No

**Did you undertake an unpaid course related internship? \***

- ☐ Yes ☐ No

**Did you undertake any volunteer work? \***

- ☐ Yes ☐ No

## Dependants

**How many dependent children do you have? \***

- ☐ No children ☐ 1 child ☐ 2 or more children

See: [Social Security Guide - Dependent Child](#)

**Do you provide financial support to parents or siblings? \***

- ☐ Yes ☐ No

**Provide the following details about your dependants**

Add an additional row if there are more than two dependants.

First name	Relationship to you

## Centrelink

### Do you receive Centrelink payments? \*

☐ Yes ☐ No

### Specify the type of Centrelink payments \*

- ☐ ABSTUDY
- ☐ ABSTUDY Residential Cost Option
- ☐ Austudy
- ☐ Carer Payment and/or Allowance
- ☐ Disability Support Pension
- ☐ Family Tax Benefit A
- ☐ JobSeeker Payment
- ☐ Parenting Payment
- ☐ Youth Allowance
- ☐ Other:

### Attach a recent Centrelink statement \*

Attach a file:

The statement must show your name, benefits and Customer Reference Number (CRN)

**Please note any uploaded documents that are not your Centrelink Statement will not be considered in our assessment**

### Centrelink verification services

By clicking "yes":

- I authorise Centrelink to electronically provide a statement of information to The University of Melbourne to assist in the assessment of my entitlement to services from The University of Melbourne.
- I understand that the information provided by Centrelink may include, where relevant, current or historical details of payments received, dependants, Centrelink deductions, income, assets, and confirmation of my current address.

### Authorisation \*

☐ Yes ☐ No

### Would you like to be considered for the Melbourne Indigenous Accommodation Bursary?

☐ Yes ☐ No

See: [Indigenous Accommodation Bursary](#)

## Change of circumstances

### Have your financial circumstances changed since the start of this year? \*

☐ Yes ☐ No

**Select one or more of the below options that best captures how your financial circumstances have changed since the start of this year. \***

- ☐ I receive less financial assistance from my family or relatives who support my studies
- ☐ I have lost or am unable to find regular employment in Melbourne
- ☐ I cannot find time to work due to a heavier study load than expected
- ☐ My research stipend has completed

**Overall, which of the following best describes how the change in your circumstances affects your financial position? \***

- ☐ I am able to meet basic living expenses and enjoy some entertainment or recreational activities
- ☐ I have to budget carefully and reduce less essential expenses (such as eating out, entertainment, recreational activities)
- ☐ I struggle to meet basic living expenses (including rent, food, mobile phone, internet and other utilities, and transportation to campus)
- ☐ I am often unable to pay rent or utility bills without skipping meals or borrowing money
- ☐ I am unable to pay rent and am temporarily staying with others or face homelessness

## About you

\* indicates a required field

### Disability or medical condition

**Is your ability to study or work currently impacted by a disability or medical condition? \***

- ☐ Yes
- ☐ No

Select one or more of the below categories that best captures your disability or medical condition

Provide at least one document from a person who is qualified to describe your disability or medical condition and comment on their impact on your education. Examples of a qualified person include a medical practitioner, community or social worker, minister of the faith, psychologist or counsellor. The person making the statement must not be related to you or be in a relationship with you.

**Select one or more of the below categories that best captures your disability or medical condition \***

- ☐ Acquired brain injury
- ☐ Arthritis
- ☐ Asthma
- ☐ Autism spectrum disorder
- ☐ Back problems
- ☐ Cancer
- ☐ Chronic obstructive pulmonary disease
- ☐ Deaf or hard of hearing
- ☐ Diabetes mellitus
- ☐ Heart, stroke and vascular disease

- ☐ Intellectual disability
- ☐ Kidney disease
- ☐ Mental health conditions
- ☐ Osteoporosis
- ☐ Physical disability
- ☐ Vision impairment
- ☐ Other:

**In which year was your disability or medical condition first diagnosed? \***

### **Attach supporting documents \***

Attach a file:

A minimum of 1 file must be attached.

We cannot consider generic medical documents (such as test results, prescriptions or hospital admission forms) and documents that are not related to the condition(s) you selected above.

## Personal circumstances

**Is your ability to study or work currently impacted by any personal circumstances? \***

- ☐ Yes ☐ No

**Study** means attending lectures, tutorials and time spent on group or individual tasks related to your University of Melbourne course of study.

**Work** includes paid self-employment and paid employment agreement between you and an employer.

**Select one or more options which best describes the nature of your personal circumstances? \***

- ☐ Relationship break up, divorce or separation
- ☐ Loss of regular employment or other income
- ☐ Refugee background
- ☐ Homelessness
- ☐ Natural disaster
- ☐ Civil unrest
- ☐ Death of a family member or close friend
- ☐ Severe family disruption
- ☐ Long-term illness of a family member
- ☐ Abusive living environment
- ☐ Discrimination, bullying, harassment or negative treatment
- ☐ Other:

You can select more than one.

**In which year did you first experience the circumstance? \***

### Overall impact on study and work

Indicate the overall impact of your circumstances (disability, medical conditions or personal circumstances) on your ability to study or work.

**Overall, which of the following best describes how your circumstances affects your study? \***

- ☐ I can enrol full-time and able to study five days per week.
- ☐ I can enrol full-time, but often cannot study for one or two days per week
- ☐ I can enrol full-time, but often cannot study for three days per week
- ☐ I have to enrol part-time and often cannot study for one day per week
- ☐ I have to enrol in a part-time study load and often cannot study for two days per week.

'Full-time' means a study load of at least 0.375 EFTL per half year study period.

**Overall, which of the following best describes how your circumstances affects your work? \***

- ☐ I can work regularly
- ☐ I can work regularly but have to limit my hours of work
- ☐ I often have to cancel work
- ☐ I am unable to work

**Briefly explain why you selected the above impact descriptions \***

Word count:

Must be no more than 250 words.

### Student Support

The University of Melbourne offers comprehensive support network. If you need help with for example your health or wellbeing, finance or housing, please refer to: [University of Melbourne Student Support](#)

### About your income

\* indicates a required field

Indicate which forms of income you are expecting to receive this year and a rough estimate of their value (weekly, fortnightly, etc).

### Employment

**Are you currently employed? \***

☐ Yes ☐ No

**What is your income from employment?**

Enter average income (per week, fortnight, month or year) taking inconsideration that you may work more during breaks in between semesters.

**Frequency \***

**Amount \***

\$

Must be a whole dollar amount (no cents).

### Centrelink

**How much are your Centrelink payments?**

**Frequency \***

**Amount \***

\$

Must be a whole dollar amount (no cents).

### Scholarships

**Are you receiving scholarship payments directly from an external provider? \***

☐ Yes ☐ No  
i.e. scholarships that not paid by or via the University of Melbourne

**What is the value of the scholarship payments?**

Enter your scholarship living allowance (per fortnight, quarter, biannual or year) for this year only.

**Frequency \***

**Amount \***

\$

Must be a whole dollar amount (no cents).

### Other income

Other course of income may include regular allowance payments from your parents, guardians or other family members.

**Do you receive income from other sources? \***

☐ Yes ☐ No

**Describe the sources of income \***



## What is your income from other sources?

Enter average income (per week, fortnight, month or year).

Frequency \*

Amount \*

\$

Must be a whole dollar amount (no cents).

## About your partner's income

\* indicates a required field

Indicate which forms of income your partner is expecting to receive this year and a rough estimate of their value (weekly, fortnightly, etc).

## Employment

### Is your partner currently employed? \*

☐ Yes

☐ No

### What is your partner's employment income (after tax)?

Enter average income (per week, fortnight, month or year).

Frequency \*

Amount \*

\$

Must be a whole dollar amount (no cents).

## Centrelink

### Does your partner receive Centrelink payments? \*

☐ Yes

☐ No

### Specify the type of Centrelink payments \*

☐ Youth Allowance

☐ Austudy

☐ ABSTUDY

☐ Other:

### Attach a recent Centrelink statement of your partner's \*

Attach a file:

The statement must show your partner's name, benefits and Customer Reference Number (CRN)

### How much are your partner's Centrelink payments?

Frequency \*

Amount \*

Must be a whole dollar amount (no cents).

## Scholarships

**Is your partner currently receiving a living allowance as part of a scholarship? \***

☐ Yes

☐ No

**What is your partner's scholarships income (after tax)?**

Enter your scholarship living allowance (per fortnight, quarter, biannual or year) for this year only.

**Frequency \***

**Amount \***

Must be a whole dollar amount (no cents).

## Other income

**Does your partner receive income from other sources? \***

☐ Yes

☐ No

**Describe the sources of income \***

**What is your partner's income from other sources?**

Enter average income (per week, fortnight, month or year).

**Frequency \***

**Amount \***

Must be a whole dollar amount (no cents).

## About your expenditure

**\* indicates a required field**

Indicate which cost you expect to incur this year and provide a cost estimate.

If you share some of the cost, provide the amount that you personally incur.

Indicate what kind of expenses you and your partner expect to incur over the coming year.

Provide an estimate of the **total** cost for each relevant category, even if only one of you incurs the cost.

### Housing

**Do you have housing costs? \***

- ☐ Yes ☐ No
- Housing cost include rent, board and mortgage repayments.

**What are your housing costs?**

Frequency \*

Amount \*

\$

Must be a whole dollar amount (no cents).

### Groceries

**Do you have groceries costs? \***

- ☐ Yes ☐ No
- Groceries are food and other items bought from stores or supermarkets and also includes lunches, dinners and pet food.

**What are your groceries cost?**

Frequency \*

Amount \*

\$

Must be a whole dollar amount (no cents).

### Utilities

**Do you have utilities costs? \***

- ☐ Yes ☐ No
- Utilities include mobile phone, internet data, gas, electricity, and water.

**What are your utilities costs?**

Frequency \*

Amount \*

\$

Must be a whole dollar amount (no cents).

### Transportation

**Do you have transportation costs? \***

- ☐ Yes ☐ No

Transportation includes public transport, bike maintenance, car registration, insurance, parking, and petrol.

### What are your transport cost?

Frequency \*

Amount \*

\$

Must be a whole dollar amount (no cents).

### Leisure activities

#### Do you have costs related to leisure activities? \*

☐ Yes

☐ No

Leisure activities include entertainment, arts, crafts, recreation and sports

### What are your cost related to leisure activities?

Frequency \*

Amount \*

\$

Must be a whole dollar amount (no cents).

### Disability and medical expenses

#### Do you have disability and/or medical costs)? \*

☐ Yes

☐ No

Medical expenses includes treatment, medication and additional insurance

### What are your disability and/or medical costs?

Frequency \*

Amount \*

\$

Must be a whole dollar amount (no cents).

### Family support

#### What support do you provide to your dependent parents or siblings?

Frequency \*

Amount \*

\$

Must be a whole dollar amount (no cents).

### Course materials

#### Do you have essential course materials costs (includes course equipment, textbooks)? \*

☐ Yes

☐ No

## What are your essential course materials (course equipment, textbooks)?

Frequency \*

Amount \*

Must be a whole dollar amount (no cents).

## About your assets and liabilities

\* indicates a required field

### My assets

Indicate what assets you own in full or part, or have an interest in.

### Our assets

Indicate what assets you or your partner own in full or part, or have an interest in.

## What is the balance in your transaction and savings accounts (at the time of application)? \*

Must be a dollar amount.

## Which of the following assets do you or your partner own in full or part, or have an interest in?

- ☐ Fixed-term deposits
- ☐ Financial investments, such as bonds or shares
- ☐ Personal effects, such as jewelry or collections
- ☐ Vehicles, boats or caravans
- ☐ Real estate you or others live in, including holiday homes
- ☐ Other:

## What is the current value of your fixed-term deposits? \*

Must be a whole dollar amount (no cents).

## What is the current value of your shares portfolio? \*

Must be a whole dollar amount (no cents).

**What is the current value of your personal effects? \***

\$

Must be a whole dollar amount (no cents).

**What is the estimate value of your vehicle(s)? \***

\$

Must be a whole dollar amount (no cents).

**What is the estimated value of your real estate? \***

\$

Must be a whole dollar amount (no cents).

**What is the outstanding mortgage amount? \***

\$

Must be a whole dollar amount (no cents).

**Any other assets (total value) \***

\$

Must be a whole dollar amount (no cents).

## My liabilities

Indicate your liabilities (e.g. outstanding credit card balances or personal loans).

Do not include HECS or HELP debts in your 'outstanding loans' unless you are currently making repayments on these.

## Our liabilities

Indicate your combined liabilities (e.g. outstanding credit card balances or personal loans).

Do not include HECS or HELP debts in your 'outstanding loans' unless you are currently making compulsory repayments on these.

**Do you have any outstanding credit card debts? \***

☐ Yes

☐ No

**What is the current outstanding credit card balance? \***

\$

Must be a whole dollar amount (no cents).

**Do you have any outstanding loans? \***

☐ Yes

☐ No

Including personal loans, car loans, or private loans

### What is the current outstanding value of your loans \*

\$

Must be a whole dollar amount (no cents).

## Your agreement and privacy

\* indicates a required field

### Agreement

By clicking "I declare" and submitting this application:

- I confirm that the information which I have provided in this form is true, correct and complete.
- I agree that this is a binding declaration and that the University may request information to verify this information.
- I will notify the University of any changes to this information by [contacting Stop 1](#)
- I understand that provision of false information may be a breach of the [Student Conduct Policy \(MPF1324\)](#).
- I accept that the University may rescind any scholarships awarded as part of this program and recover any payments made as part of this scholarship at any time, if I provided false, misleading or incomplete information.

### Declaration \*

☐ I declare

### Privacy

The information on this form is being collected by the University of Melbourne for the purpose of grant assessment, administration and evaluation. The information will be used by authorised staff for the purpose for which it was collected, and will be protected against unauthorised access and use.

The University of Melbourne is committed to protecting personal information provided by you in accordance with the Privacy and Data Protection Act 2014 (Vic). All information collected by the University is governed by the University's Privacy Policy. For further information about how the University deals with personal information or to access your information, please refer to the University's Privacy Policy or contact the University's Privacy Officer at [privacy-officer@unimelb.edu.au](mailto:privacy-officer@unimelb.edu.au).