



PEMBROKE SCHOOL

James and Diana Ramsay Foundation Scholarship Statement of Financial Affairs

1 Person 1

Family Name

Given Name

Residential Address

<input type="text"/>	
<input type="text"/>	Postcode

Postal Address

<input type="text"/>	
<input type="text"/>	Postcode

Person 2

(to be completed if lodging a joint proposal)

Family Name

Given Name

Residential Address

<input type="text"/>	
<input type="text"/>	Postcode

Postal Address

<input type="text"/>	
<input type="text"/>	Postcode

Please complete the **Statement of Income and Expenses** form overleaf and return with the Application Forms.

This form is a sample only and not to be used as an application form.

2 Statement of Income and Expenses

Income from all sources after tax and Medicare levy <i>tick the period that the following income and expenses refer to</i>	Weekly <input type="checkbox"/>	<input type="checkbox"/>
	Fortnightly <input type="checkbox"/>	<input type="checkbox"/>
	Monthly <input type="checkbox"/>	<input type="checkbox"/>
Net Income from employment (after tax, Medicare levy and all other deductions)	\$	
Average Centrelink benefits	\$	
Other Social Security Benefits (cash payments only)	\$	
Maintenance Received	\$	
Rental income	\$	
Dividend Income	\$	
Other Sources of Income (As detailed below)	\$	
	\$	
	\$	
	\$	
	\$	
2A Total Income	\$	

Expenses		
Rent or mortgage payments	\$	
Rates	\$	
Food	\$	
Phone/s: Land lines, mobiles, internet, cable tv	\$	
Electricity and gas	\$	
Medical Insurance	\$	
Medical / Chemist	\$	
Car payments to secured creditor	\$	
Car fuel, registration and Insurance	\$	
Car Repairs and Maintenance	\$	
Transport Expenses	\$	
Other Insurances	\$	
School Fees and expenses	\$	
Child care	\$	
Child support and maintenance payments	\$	
Extra curricular activities for children (sport, music lessons etc).	\$	
Clothing, shoes, hairdressers etc	\$	
Incidentals: entertainment, alcohol, cigarettes, books, magazines	\$	
Other Expenses	\$	
	\$	
	\$	
	\$	
2B Total Expenses	\$	
Uncommitted Income (2A-2B)	\$	
(i.e.: total income less total expenses)	\$	

3 Statement of Assets and Liabilities

3A Assets

Description	Jointly Owned Yes/No	Value
Cash		\$
Cash Deposits		\$
Residence Address:		\$
Investment Property/Properties Address: Address: Address: Address:		\$ \$ \$ \$
Holiday Home/s Address Address		
Car Make and Model		\$
Car Make and Model		\$
Car Make and Model		\$
Insurance Bonds		\$
Jewellery, Antiques, Artifacts etc		\$
Debtors (Money owed to you)		\$
Business assets		\$ \$ \$ \$ \$ \$ \$
Capital distribution from a trust		\$ \$ \$ \$ \$
Other		\$ \$ \$ \$ \$ \$ \$ \$
3A Total Assets		\$

3B Liabilities

Description	Secured Yes/No	Value
Bank Overdraft / Outstanding amount on line of credit		\$
Mortgage / Loans secured on Residence Address:		\$
Mortgage / Loans secured on Investment Property/Properties Address: Address: Address: Address:		\$ \$ \$ \$
Mortgage / Loans secured on Holiday Home/s Address Address		
Car Make and Model (Leased or outstanding loans)		\$
Car Make and Model (Leased or outstanding loans)		\$
Car Make and Model (Leased or outstanding loans)		\$
Boat		\$
Credit Card Debt		\$
Credit Card Debt		\$
Credit Card Debt		\$
Personal Loans		\$
Personal Loans		\$
Personal Loans		\$
Personal Loans		\$
Other Debts (money owed to a third party, including interest free loans)		\$ \$ \$ \$ \$ \$
4B Total Liabilities		\$
Surplus /(Deficit) of Assets Less Liabilities (3A-3B)		\$

4 Summary

Please provide an outline of the change in circumstances that have contributed to your current financial difficulties.

SAMPLE ONLY

5 Declaration and Authority

Person 1

Name

Residential Address

<input type="text"/>	Postcode
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Person 2

Name

Residential Address

<input type="text"/>	Postcode
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1 I/We declare that the information set out in this application is complete, true and correct.

2 I/We authorise my/our Accountant / Financial Advisor (name)

of

to provide the School with such information regarding my/our financial position as the School may require.

3 I/We undertake to notify the School promptly of any significant change in my/our financial position.

Person 1

Signature

Date

___/___/20___

Person 2

Signature

Date

___/___/20___

If you have received assistance in completing this form, the person providing the assistance should sign the statement below.

Signature

Date

___/___/20___

Full Name

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Reason the person required your assistance

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>