



# Beacon of Hope Foundation

Making a difference  
in the lives of others.

## Community Education Support Fund Financial Application

Strictly confidential in line with Beaconhills College [Privacy Policy](#)

### Parent/guardian details

Surname								
Given names								
Phone								
Address								
Suburb			Postcode					
Parent/guardian 1	Occupation		Employer					
Parent/guardian 2	Occupation		Employer					
Number of children	Child 1	Age	Current grade/year level		Child 2	Age	Current grade/year level	
	Child 3	Age	Current grade/year level		Child 4	Age	Current grade/year level	
More than four children, please list (eg. Age 15/Year 10, Age 16/Year 11, etc)								

### Scholarship/bursary applicant details

Surname	
Given names	
Current school	Current grade/year level

✦ Please complete Page 2 of this form.



**Beaconhills College**  
IN ASSOCIATION WITH THE ANGLICAN & UNITING CHURCHES



Contact us on [foundation@beaconhills.vic.edu.au](mailto:foundation@beaconhills.vic.edu.au)  
or [beaconhills.vic.edu.au/community/our-foundation/](http://beaconhills.vic.edu.au/community/our-foundation/)

### Part A: Income last financial year

Please attach copies of most recent ATO income tax assessment notices. If you are self-employed, please attach copies of your most recent income tax returns.

	Gross	Net
You	\$ <input type="text"/>	\$ <input type="text"/>
Your partner	\$ <input type="text"/>	\$ <input type="text"/>
Total income (Part A)	\$ <input type="text"/>	\$ <input type="text"/>

### Part B: Annual expenses

Rates (house/property/water/land)	\$ <input type="text"/>	
House repayments/rental	\$ <input type="text"/>	
Other loan repayments	\$ <input type="text"/>	
<b>Insurance premiums</b>		
• Health	\$ <input type="text"/>	
• Car	\$ <input type="text"/>	
• House/contents	\$ <input type="text"/>	
• Life	\$ <input type="text"/>	
• Other	\$ <input type="text"/>	
Car repayments	\$ <input type="text"/>	
Car registration	\$ <input type="text"/>	
Education expenses	\$ <input type="text"/>	
Living/household expenses @ \$ per week x 52 =	\$ <input type="text"/>	
Other financial commitments (not covered above)	\$ <input type="text"/>	
Total expenses (Part B)	\$ <input type="text"/>	
Surplus/deficit (Part A-Part B)		\$ <input type="text"/>

### Part C: Family assets and liabilities

Assets		Liabilities	
Home/farm/land	\$ <input type="text"/>	Mortgage loans	\$ <input type="text"/>
Car(s)	\$ <input type="text"/>	Car loan(s)	\$ <input type="text"/>
Contents (insured value)	\$ <input type="text"/>	Personal loans	\$ <input type="text"/>
Shares and other liabilities	\$ <input type="text"/>	Credit card limit	\$ <input type="text"/>
Other investments	\$ <input type="text"/>	Other liabilities	\$ <input type="text"/>
Other assets	\$ <input type="text"/>		
Total assets	\$ <input type="text"/>	Total liabilities	\$ <input type="text"/>

Please complete Page 3 of this form.

## Part D: Supporting information

Please list your reasons for making this application for a Beacon of Hope Foundation Scholarship/bursary.

Please provide details of any other family or financial circumstances you consider may be relevant.

## Part E: Declaration by applicant(s)

✳ Please note that signatures of both parents/guardians are required unless one parent is sole custodian.

I/we certify that these particulars are correct to the best of my/our knowledge.

Signature 1 (parent/guardian1)

Date DAY / MONTH / YEAR

Signature 2 (parent/guardian2)

Date DAY / MONTH / YEAR

## Part F: Declaration by qualified accountant

I/we certify that the financial information included in this application for a Beacon of Hope Foundation Scholarship/bursary is accurate as far as I am able to ascertain.

Signature of qualified accountant

Date DAY / MONTH / YEAR

Name (please print)

Phone