



BEDEAN COMMUNITY FUND APPLICATION FORM

DATE OF APPLICATION: _____

STUDENT DETAILS

Please list the names and year levels of all sons attending St Bede's College.

_____	_____	<input type="checkbox"/>
(SURNAME)	(CHRISTIAN NAME)	YR
_____	_____	<input type="checkbox"/>
(SURNAME)	(CHRISTIAN NAME)	YR
_____	_____	<input type="checkbox"/>
(SURNAME)	(CHRISTIAN NAME)	YR

APPLICANTS DETAILS

Name: _____

Address: _____

Tel: _____
(Home) (Mobile)

Email: _____

Relationship to student: _____

Reason for application (e.g. redundancy, reduction of salary / wages, business closure)

Please enclose any supporting evidence where possible (e.g. letter from employer)

Assistance Required (e.g. School fees, uniform purchase, extra-curricular, boarding fees)

Joint income before / after being affected by COVID-19 (Please provide supporting documentation e.g. bank statements)

Income before COVID-19 \$ _____ Income after COVID-19 \$ _____

Estimated time assistance required (if known) _____

Have you received any funding through the hardship process at St Bede's College in the past? Yes No

Are you receiving financial support from any other source? Yes No *(If Yes, please give details)*

DECLARATION AND SIGNATURE

I/We the undersigned, hereby acknowledge that the information given is true and correct. I/We understand that in the event of incorrect information being given, any financial assistance from the Bedean Community Fund may be revoked.

Parent/Caregiver 1

Parent/Caregiver 2

(SIGNATURE)

(SIGNATURE)

NB: All information provided and documents supplied will be used for the sole purpose of this application and will be kept in strictest confidence