

2020 COVID-19 BURSARY APPLICATION FORM (Round 1)

A bursary is awarded to an existing Sophia Mundi student whose parents/legal guardians are temporarily unable, for financial reasons, to cover the full cost of the student's attendance at Sophia Mundi Steiner School. Bursaries are applied to tuition fees only and are valued at up to 80% of the full cost of the tuition fees. **Bursaries are awarded for periods of up to one year and are only valid whilst a family is in genuine need of financial assistance.**

Families wishing to apply for a bursary must complete a Bursary Application Form (including details of Income/Expenses and Assets/Liabilities) and submit this to the Business Manager (please mark as 'confidential'). Applications will be assessed according to need and will also be subject to a student's contribution to the Class and their family's contribution to the school.

Please note that should all required information/documentation not be provided, your application may be returned for amendment and re-submission.

In order to renew a bursary for a subsequent period, a new Bursary Application Form must be completed and submitted.

2020 COVID-19 BURSARY APPLICATIONS (Round 1)

CLOSING DATE: WEDNESDAY, 22 APRIL 2020

**DUE TO THE NECESSITY OF TAKING ALL BURSARY APPLICATIONS INTO
CONSIDERATION WHEN PREPARING THE SCHOOL'S FINANCIAL BUDGET**

Student's Details

Family Name _____ Given Names _____

Date of Birth _____ Class in 2020 _____

Period of time that student has been attending Sophia Mundi Steiner School _____

Other school(s) which the student has attended and years attended (if applicable)

Additional Student's Details (if applicable)

Family Name _____ Given Names _____

Date of Birth _____ Class in 2020 _____

Period of time that student has been attending Sophia Mundi Steiner School _____

Other school(s) which the student has attended and years attended (if applicable)



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Parent/ Guardian 1 (details):

Family Name _____ Given Names _____

Address _____

Phone no. _____ Mobile _____

Email address _____

Occupation _____

Employers name/address _____

Employment Status Permanent Contract Casual Unemployed If Permanent, years employed: _____ .

Employment Basis Full-time Part-Time Casual If Contract, remaining term: _____ .

Parent/ Guardian 2 (details):

Family Name _____ Given Names _____

Address _____

Phone no. _____ Mobile _____

Email address _____

Occupation _____

Employers name/address _____

Employment Status Permanent Contract Casual Unemployed If Permanent, years employed: _____ .

Employment Basis Full-time Part-Time Casual If Contract, remaining term: _____ .



Parent/ Guardian 3 (details):

Family Name _____ Given Names _____

Address _____

Phone no. _____ Mobile _____

Email address _____

Occupation _____

Employers name/address _____

Employment Status Permanent Contract Casual Unemployed If Permanent, years employed: _____ .

Employment Basis Full-time Part-Time Casual If Contract, remaining term: _____ .

Parent/ Guardian 4 (details):

Family Name _____ Given Names _____

Address _____

Phone no. _____ Mobile _____

Email address _____

Occupation _____

Employers name/address _____

Employment Status Permanent Contract Casual Unemployed If Permanent, years employed: _____ .

Employment Basis Full-time Part-Time Casual If Contract, remaining term: _____ .

Please state why if only one parent/legal guardian is named: _____

Names and ages of other children in the family:



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DETAILS OF BURSARY REQUESTED

Students to be Covered by Bursary	Level of Bursary Requested	Period of Bursary Requested
<input type="checkbox"/> One student only (full name): <hr style="width: 30%; margin-left: 0;"/>	<input type="checkbox"/> 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80%	<input type="checkbox"/> 3 months (one term) <input type="checkbox"/> 6 months (two terms) <input type="checkbox"/> 12 months (one year)
<input type="checkbox"/> All students from family		

DETAILS OF INCOME/EXPENSES AND ASSETS/LIABILITIES

As a bursary is only intended for students whose parents are unable, for financial reasons, to cover the full cost of the student’s attendance at Sophia Mundi Steiner School, it is necessary for details of the parents’/legal guardians’ financial position to be supplied. This information will be treated confidentially.

Please attach copies of the following documents where applicable to your application:

- Pay slips for four recent pay periods – these should clearly show your gross salary prior to any salary sacrifice arrangement that may be in place
- Copy of your last three group certificates or income tax returns for both parents/guardians if applicable
- Current Council Rates Notice for all properties that any family member has an interest in
- Details of any financial help you get from another person
- Personal and Business bank statements for the last 3 months
- Current Mortgage statement or Rent statement

Details of Family Income & Expenditure

Income	Amount	Expenditure	Amount
Parent/ Guardian 1 Salary (Net):		Mortgage Repayment:	
Parent/ Guardian 2 Salary (Net):		Rent:	
Parent/ Guardian 3 Salary (Net):		Rates & Property Costs:	
Parent/ Guardian 4 Salary (Net):		Motor Vehicle Finance:	
		Motor Vehicle Costs:	
Other income (<i>details below</i>):		Other Loan Payments:	
		Travelling Costs:	
		Food & Living Expenses:	
		Insurance:	



Income	Amount	Expenditure	Amount
		School Fees: Sophia Mundi	
		School Fees: Other	
		Other Expenses (<i>list details below</i>):	
TOTAL INCOME		TOTAL EXPENDITURE	



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Details of Assets & Liabilities

Assets	Amount	Liabilities	Amount
Value of home Address of home:		Mortgage on home:	
		Other mortgages:	
Other real estate Address of property:		Overdrafts/other loans:	
		Credit card debts:	
Bank account details:		Car Loan(s):	
Shares and Other investments:		Other Liabilities (details below):	
Household contents:			
Motor vehicles:			
Superannuation:			
Other Assets (details below):			
TOTAL ASSETS		TOTAL LIABILITIES	

Additional Information

Is there any other information or circumstances that you would like us to take into consideration that may be relevant to this application?



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Additional Information

What can your family do to assist the school in recognition of the bursary?

What has your family done to assist the School in the past 12 months?

Declaration

I/we declare that the above information is true and correct and that we have no other assets and are not in receipt of any other income.

Parent/ Guardian 1 signature _____ Date _____

Parent/ Guardian 2 signature _____ Date _____

Parent/ Guardian 3 signature _____ Date _____

Parent/ Guardian 4 signature _____ Date _____

Witnessed by J.P. or Principal of Sophia Mundi Steiner School

Name _____ Date _____

Signature _____



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