

Faculty of Medicine Scholarship Student Income Statement

WARNING: It is an offence under the Criminal Code to knowingly or recklessly give materially false or misleading information in order to obtain a financial advantage.

I _____ student number: _____
(full name)

of _____
(home address)

State that:

- I do not currently receive a Centrelink Benefit (i.e. Austudy, Youth Allowance, Abstudy)
- I have applied for a Centrelink benefit
- I have not applied for a Centrelink benefit
- I was granted a Centrelink benefit
- I was not granted a Centrelink benefit

I was not granted a Centrelink benefit for the following reasons (please attached Centrelink correspondence to this document):

My total **gross** income for the previous two financial years was:

2019-2020 Financial Year: _____

2018-2019 Financial Year: _____

My partner's total **gross** income for the previous two financial years was:

2019-2020 Financial Year: _____

2018-2019 Financial Year: _____

The number of people financially dependent on the abovementioned income/s (spouse, children other family members incl. myself): _____

The age/s of the dependent child/children (student/s) are: _____

Members of my family have the following investments (investment properties, shares or other investments to the value of: _____

I wish to provide the following additional information:

DECLARATION: The information provided above is true and complete in every particular and I have not withheld any information that I believe is relevant to my eligibility or otherwise for a scholarship, the subject of this application

Applicant's signature:		Date:	
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