

FINANCIAL CONTRIBUTION ASSISTANCE PROGRAM APPLICATION FORM



This application must be made each year and remains strictly confidential to the Financial Contribution Assistance Program Allocation Group

Please complete all sections in full and return the completed form to the Director with all documentary evidence attached

Parent Details

	Mother (or Guardian 1)	Father (or Guardian 2)
Surname		
First Name		
Address		
Phone		
Email		
Occupation		

Students at Samford Valley Steiner School

Student Name	Current Class level	How long you intend to stay at SVSS (e.g. EC only, Primary, HS)

Please state briefly why you are seeking Contribution Assistance :

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Full Tuition Payable for your family	\$
Outstanding fees from previous years	\$
How much you are able to contribute	\$
How long do you believe you may require Contribution Assistance?	

Do any of the following apply to you (please tick)

Previous or current staff member of SVSS (please indicate number of years and dates of employment)	
Previous student (alumni) of SVSS (please indicate number of years and dates attended)	
Current financial member of the Anthroposophical Society	

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As part of the Financial Contribution Assistance Program we ask that parents in receipt of assistance develop with us a plan to contribute to the school in other ways. This ensures that this agreement is mutually beneficial for all. Please list any specific skills or interests you have that may be of assistance to the school and indicate the number of hours you have capacity to contribute as part of a reciprocal support agreement:

Skills/areas of interest or capacity/willingness to contribute	Number of hours available per week

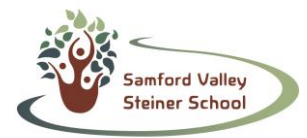
Please specify ways in which you have contributed to the school to date:

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Please briefly describe why you are seeking a Steiner Education at Samford Valley Steiner School for your child/children

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Income Details

	Occupation	Gross annual income
Primary Carer one (mother)		
Primary Carer two (father)		

Do you receive any Government benefits or pensions?

Type of Benefit	Fortnightly payment

Declaration of Assets

	Owned	Mortgage	Total value of home	Outstanding mortgage debt
Primary Residence			\$	\$

Investments	Please tick if applicable	Total value
Real estate (apart from primary residence)		
Debentures		
Bonds		
Trusts		
Shares		
Other (please list)		

Other Assets	Please tick if applicable	Total Value
Cash		
Art Work		
Life insurance		
Superannuation		
Debts owed to you		
Vehicles		
Home contents		
Other (please list)		

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Please attach the following documents to this application and tick that they have been provided

Documents	Provided
Last two years tax returns for both parents	
Copies of bank statements for the last two years	
Documentary evidence for primary residence/mortgage details	
Documentary evidence of investments	
Documentary evidence of other assets	

TERMS AND CONDITIONS

It is very important for the school to have a regular and reliable source of income and parental contribution is a vital component of this. Assistance is offered to ensure that the education is accessible to families in difficult circumstances and who otherwise may not be able to access this education for their children. Priority will be given to families that can demonstrate a past or intended strong and active commitment to supporting the ethos of SVSS. Unfortunately, the school is likely to receive more applications in a given year than resources available. Other factors that will be taken into consideration when allocating assistance are – past associations with the school, number of children, whether financial hardship is temporary or resolvable, capacity and willingness to offer reciprocal support to the school community in other ways.

If your financial position improves, it is expected that you will advise the Financial Contribution Assistance Program Allocation Group, so assistance may be reallocated to those in greater need.

COMMITMENT

We hereby make application for Financial Contribution Assistance for the coming year. This application is submitted in good faith, and I/We solemnly and conscientiously declare that all details contained herein are true and accurate.

I /We understand that reduced contributions are made possible in part through the support and commitment of the whole school community of which I /We are part. If our application for assistance is accepted, in response to and as part of our commitment to that “partnership” arrangement I /We give the following undertaking:

- To pay the Agreed assessed fee in terms by the first day of each term or in terms of any alternative arrangement agreed with the Business Administrator
- To give the payment of school fees equal or high priority for payment in recognition of the importance we place on the education of our children,
- To advise the FCAP Allocation Group when financial circumstances result in assistance no longer being required.
- To commit to and honour in good faith any reciprocal support agreements made in relation to this application

Signed:Name: _____ Date

Signed:Name: _____ Date