

## THE ANASTASIOS AND EVANGELIA LAVIDIS GRANT IN AID

- FULL NAME:
   STUDENT NUMBER: (8 digits):
- 3. ADDRESS:
- 4. MOBILE NUMBER FOR CONTACT:
- 5. EMAIL ADDRESS FOR CONTACT:
- 6. STUDENT'S PROGRAM/AREA OF STUDY WITHIN SCHOOL OF BIOMEDICAL SCIENCES:
- 7. Please tell us, in a short paragraph what your financial hardship is, how this hardship is impeding your ability to progress in your studies, and how you would you spend the money if it is awarded to you.



## **STATEMENT OF FINANCIAL CIRCUMSTANCES** (page 2 of 2)

Applicant Name				
Are you financially independent (supporting you	No			
Are you supported by your parents or a guardian?  Yes  No				
How many hours per week are you in paid employment?				
PERSONAL INCOME				
	During Vacation	During Term	Total Annual Income	
Paid employment (approx.)	\$	\$	\$	
Youth Allowance	\$	\$	\$	
Other	\$	\$	\$	
Total	\$	\$	\$	
OTHER SCHOLARSHIPS AND AWARDS YOU CURRENTLY RECEIVE  Name of Scholarships/Awards  Annual Amount				
			\$	
		-	\$	
		-	\$	
If applicable, please supply any documentary evidence that supports your financial hardship case (for example: copies of your Australian Tax Office Assessment Notices or Centrelink Assessment Notice.				
I certify that all information provided above is correct.				
SIGNATURE:	DATE:			
The selection committee will treat all aspects of its proceedings with strict confidentiality, including the names of the applicants, and the information submitted for consideration.				

Email completed application to Professor Elizabeth J Coulson Head, School of Biomedical Sciences: sbms.hos@uq.edu.au

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