

THE MACRIS AND LAVIDIS GRANT IN AID

APPLICATION FORM (page 1 of 2)
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- 1. FULL NAME:
- 2. 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 y	yourself) Ye	s N	No
Are you supported by your parents or a guar	dian? Ye	s N	No
How many hours per week are you in paid en	mployment?		
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 Annu		Annual Amount	
Name of Scholarships/Awards		\$	
			\$
			\$
If applicable, please supply any documen example: copies of your Australian Tax O	ffice Assessment	t supports your fir Notices or Centre	nancial hardship case (for link Assessment Notice.
I certify that all information provided about	ve is correct.		
SIGNATURE:	DATE:		
The selection committee will treat all aspe the names of the applicants, and the information			fidentiality, including

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

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