



Study and Living Grant Application

Name of the programme	you are enr	olled in:					
Campus location:		Chi	ristchurch	Timaru	Ashburton	Oamaru	
PLEASE READ THIS INF This Study and Living Gra which is impacting their	ant is for any		rner who has ex	perienced sufferir	ng, deprivation or	financial hardshi	ip
To be eligible for this gra	nt you must	meet all of the fol	lowing condition	ns:			
New Zealand citizer	n or perman	ent resident at the	time of applicat	cion		Yes	No
• Fully enrolled in an	eligible prog	gramme full time o	or part time			Yes	No
Have studied for at	least 4 week	s in your program	nme and had goo	od attendance		Yes	No
Experiencing finance	cial hardship	, suffering and/or	deprivation			Yes	No
Student ID: Last name:				DOE	s: dd,	/mm/yy	
First name(s):							
Address:							
Email:				Mobil	e:		
Marital status	Single	Married	De Facto	Do you live alor	ne? Yes	No	
Dependent children (Children you are financially re	No esponsible for)	-	, list their ages				

Study and Living Grant application

B) Supporting Information

Applicants must complete the application form and include:

A personal statement (300-500 words)

- a Start by introducing yourself: what is your background including education, recent work history and your interests
- b Tell us why you are studying this programme and where you hope it will lead you. What is your career goal?
- c Outline the suffering and/or deprivation and/or financial hardship that you are experiencing. Explain your situation and how this makes you an ideal candidate for this grant. Your experience may include:
 - i Loss of family income
 - ii Loss of connection to family, work, study or usual activities
 - iii Loss of personal wellbeing or health
 - iv Family/whānau disruption

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Budget Form





Monthly OR Weekly

Name Date How many adults/children does this budget cover? Adults Children

HOUSEHOLD COSTS

Phone (landline/mobile/internet)

Insurance (house/contents) **Total household costs**

Rent/board Mortgage Groceries Power Gas

Rental of goods

House maintenance Household goods

Rates

HOUSEHOLD INCOME	Monthly OR Weekly		
Wages/salary			
Income Support payments			
Other income			
Total income	\$	\$	

TRAVEL COSTS	Monthly OR Weekly		
Fares (eg bus, train)			
Petrol/fuel			
Car insurance			
Car registration			
Car warrant of fitness			
Car maintenance/repairs			
Total travel costs	\$	\$	

Mon	Monthly OR Weekly		
		\$	

Mont	Monthly OR Weekly		
		\$	

	FAMILY COSTS
Monthly OR Weekly	Child support payments
	School fees/donations
	School uniforms
	Medical costs
	Dental costs
	Prescription costs
	Pet registration
	Veterinary fees
	Clothes and shoes
	Holidays
	Gifts
\$	Life insurance/superannuation

\$		\$
	Monthly O	R Week
 		

\$

Total household costs
Total travel costs
Total general costs
Total family costs
Total costs
Total income
Balance (costs minus income)

GENERAL COSTS Alcohol/cigarettes Entertainment Childcare Hire purchase/s Bank fees

Club fees/subscriptions

Court required payments Other (please specify) **Total general costs**

Donations Fines

Monthly	OR	Weekly	
\$	\$		
\$	\$		
\$	\$		

Total family costs

Note: Figures on the budget advice form have been supplied by the student. Ara takes no responsibility for their accuracy.

C) Checklist

Please make sure you include the following:

tick box

No

No

No

Yes

· Completed grant application form

D) Applicant's Declaration

will be entered into.

- · Personal statement for the Study and Living Grant
- Budget form
- Up-to-date bank transactions for the last 30 days for all accounts, including joint accounts

Deliver your completed application with supporting documents to Student Support or email to studentsupport@ara.ac.nz

I understand that the decision of the selection panel is final and no correspondence

Your application will be processed after we have received all supporting documents.

l co	nfirm that:	
•	The information set out in this form is true, accurate and complete.	Yes
•	I understand that the information supplied on this form will be held by Ara and kept confidential by the Ara selection panel and authorised staff of Ara.	Yes

Signature: Date: dd/mm/yy

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