# **LIFT Completion Grant Application**



Yes

Yes

No

No

The purpose of the LIFT Completion Grant is to assist full enrolled students to complete their tertiary studies with Ara when financial hardship is a barrier.

The grants are only available to students who completed their last two years of study at Linwood College Senior School (Year 11-13).

Please note: students are not able to access both the LIFT completion grant and the LIFT scholarship in the same study period.

### You must attach proof of financial hardship. Please make sure you provide the following: full bank statement on all your accounts showing the last 30 days' activity, including Yes No your credit card account and any joint accounts (an ATM printout will not be sufficient) Yes No a completed Budget form (attached) To be eligible for this grant, you must: Have completed at least two years of study at Linwood College Senior School (Year 11-13) Yes No Yes No Have attended at a rate of at least 80% in your final year at Linwood College Have had no more than 20 months between completing your study at Linwood College and starting your Yes No studies at Ara Yes No Be enrolled in a programme of study at Ara Yes No Be a New Zealand citizen or permanent resident at the time of application Give permission for a student advisor to monitor your attendance and academic progress throughout Yes No your studies at Ara Have successfully completed your first year or programme of study towards your pathway (if you are a Yes No returning student)

### Note: There is a maximum amount of assistance each student can access per year.

Please see Student Support on your campus or email: studentsupport@ara.ac.nz, phone 0800 24 24 76.

My application will not be considered if received within three (3) weeks prior to the course end date.

Submit the completed application form to Student Support or via email.

I have attended my course for a minimum of **four (4) weeks** before applying.

(Your attendance will be checked and it must be regular to be eligible for assistance.)

Head of Department or Programme Leader/Manager support is required for this application:

Name of staff member Signature

Where possible you will be contacted within two working days.

Do you meet the criteria?

# Your name and details

Student ID number							
Programme/course							
Surname or family name							
Given name(s)							
Address							
Telephone Home				Mobile			
Email							
Date of Birth							
Citizenship	New Zealand	d Citizen	New Zealand	Permanent Resident	Other		
Ethnicity				lwi			
Marital status	Single	Married	De Facto				
Dependent children	No	Yes If yes, li	st their ages				
Financial situation							
Have you received any Ara fi	nancial assist	ance so far this	s vear?			Yes	No
					No		
Do you have a student loan this year from Studyl ink?					No*		

Have you received any Ara financial assistance so far this year?	Yes	No
Do you have a student loan this year from StudyLink?	Yes	No*
Have you applied for an allowance or loan (for living costs) including course related costs from StudyLink?	Yes	No*
Have you applied for urgent or unexpected costs from StudyLink (WINZ)?	Yes	No*
Do you have a student banking package with an overdraft facility?	Yes	No
If you have an overdraft have you exhausted this?	Yes	No*
Do you currently have regular paid employment?	Yes	No
Considering your course commitments, do you intend looking for work?	Yes	No

# \*For applications to be considered, you must have exhausted all other means of assistance.

What financial support are you able to obtain from your parents or relatives?

What amount are you seeking from the Ara Completion Grant?

Please tell us about your current needs.		
Are you attending classes regularly and are your asse	essments un to date?	
	ven is true and correct; no information which could have a neld. I understand the making of a false declaration is an offence	
The personal information you provide on this appli	cation is protected by the Privacy Act 1993.	
t will not be used for any purpose other than assessing	gyour eligibility for an Ara Completion Grant and for compiling statistics.	
By signing this application, I agree to Ara collecting required, for the purpose of this application.	information about my student loan/allowance and/or benefit from StudyLink	:/WINZ if
required, for the purpose of this application.		
Signed	Date	

# **Budget Form**



Name Date

When you are completing this budget form, please include all income sources, eg including your partner/spouse if applicable, and list the total expenses.

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

### **HOUSEHOLD INCOME**

Wages/salary

Income Support payments

Other income

Total income

### **TRAVEL COSTS**

Fares (eg bus, train)

Petrol/fuel

Car insurance

Car registration

Car warrent of fitness

Car maintenance/repairs

**Total travel costs** 

# **GENERAL COSTS**

Alcohol/cigarettes

Entertainment

Childcare

Hire purchase/s

Bank fees

Club fees/subscriptions

Donations

Fines

 $Court\,required\,payments$ 

Other (please specify)

**Total general costs** 

Monthly	Weekly
	c

Monthly	Weekly
\$	\$

Monthly	Weekly

# **HOUSEHOLD COSTS**

Rent/board

Mortgage

Groceries

Power

Gas

Phone (landline/mobile/internet)

Rental of goods

Rates

House maintenance

Household goods

Insurance (house/contents)

Total household costs

# Monthly Weekly

### **FAMILY COSTS**

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

## **Total family costs**

Monthly	Weekly
	\$

Total household surplus/shortfall
Total family costs
Total general costs
Total travel costs
Total household costs
Total household income

Monthly	Weekly
<b>A</b>	
\$	\$

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