



ANUSA Grocery Voucher Program

The ANUSA Grocery Voucher Program is designed to provide ANU students facing financial hardship access to groceries.

A maximum total of \$50 worth of grocery vouchers can be granted per student per semester at the discretion of ANUSA.

Aims:

- To provide funds for essential groceries to students who are struggling to afford essential items due to an unexpected change in circumstances.
- To offer alternate means of assisting students who do not qualify for any other means of assistance. For example, students who have already used their ANUSA Assistance Grant for the term.
- To provide groceries to students who are unable to access food.

Eligibility criteria

- Enrolled student at the ANU;
- Struggling to afford basic living costs such as food and hygiene items;
- Have not accessed \$50 worth of grocery vouchers through the ANUSA Grocery Voucher Program in the current semester.

Application process

To apply for grocery voucher the following must be met:

1. The completed application form;
2. Evidence of current enrolment, (instructions can be found [here](#))
3. Send the completed form and enrolment confirmation letter to **sa.assistance@anu.edu.au**



Student Information

Name:	_____	Student ID:	_____
Current program of study:	_____	Contact #:	_____
International/ domestic:	_____	Email ID:	_____

Reason for Application

Please describe why you are currently in need of a grocery voucher? Please explain the change in circumstances.

What steps have you taken/ agree to take in regards to your current situation (if any)?:

How much do you have in savings?

Have you received/applied for any ANUSA grants/programs in this semester (e.g: ANUSA Assistance Grant , ANUSA Medical Grant)? If so, how much did you receive?

Agreement and declaration

I agree that the information provided above is correct. If application, I agree to undertake the steps outlined above. I agree that these vouchers will be for personal use only, if I misuse the vouchers, I understand that I may be required to pay back the amount or be ineligible for further financial assistance.

Student Initial: _____

Date: _____

Office use only

Date of meeting with student:	_____		
Grocery or Transport Voucher Number:	GVP ___ - ___		
Evidence of current enrolment sighted:	_____		
Voucher identification number:	GVP:	_____	
Value of voucher provided:	GVP:	_____	
Date:	_____		
Approved by (Name):	_____	Signature:	_____
Co-signed by (Name):	_____	Signature	_____