



ANUSA Carers Grant

Overview

ANUSA recognizes that students who are carers can often face additional barriers to study due to competing priorities and increased financial commitments.

ANUSA Carers Grant aim to assist students who have a dependent in their care, that are experiencing financial hardship that may become a barrier to completion of their program of study. ANUSA Carers Grant are for the value of a **one off payment of up to \$1000** at the discretion of the committee.

Eligibility

- Be enrolled as an ANU student.
- Has dependent(s) in their care.
- If the holder of a student visa, be able to demonstrate an unexpected change in financial circumstances since commencing the program of study.
- Be able to demonstrate financial need due to carer responsibilities.

Additional Information

This is a grant and the money will not have to be paid back. As such, grants are not a permanent means for a student to support themselves.

The grant will not be provided for the payment of the following costs:

- HECS or course fees
- Discretionary expenses
- Credit card or other debts
- Motor-vehicle related expenses

How to apply

1. Complete all sections of this form.
2. Provide the requested supporting documentation. (Please review the checklist at the end of the form to ensure that you have provided all required documents). You may be asked to provide additional evidence where required
3. Send your application to sa.assistance@anu.edu.au or hand in to an ANUSA Student Assistance Team at the ANUSA office.

If you need assistance with filling in the form, please contact the ANUSA Student Assistance Team at: sa.assistance@anu.edu.au or call 6125 2444.

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Application Form

Email to: sa.assistance@anu.edu.au

Personal Information			
Student's name			
Student number			
Email address			
Phone number			
Address			
Domestic or International student			
Bank account details (to deposit grant if successful)	BSB:		Acc number:
Information about the person getting care			
<i>Please attach an extra sheet if more space is required</i>			
Number of person(s) in your care			
Do you share caring responsibilities with anyone? If yes please provide details.			
Dependent 1 name		Age	
Dependent 2 name		Age	
Dependent 3 name		Age	
Program Information			
What is your current ANU course of study? <i>E.g. Bachelor of Arts</i>			
When did you commence study?	When do you expect to complete?		
If a HECS Help-liable student, have you deferred in full your HECS loan payment?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		
In the current academic year have you received any scholarships?			
Income Information			
<i>Please provide details of your income. If relevant include your partner's income</i>			
SOURCE (<i>E.g. Centrelink, employment</i>)	AMOUNT PER FORTNIGHT		
Total Income:		Amount of money you currently have:	

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Expense Information			
<i>Include applicable expenses incurred by you and the people contributing to the caring responsibilities.</i>			
TYPE OF EXPENSE		AMOUNT PER FORTNIGHT	
Food and groceries		Transport	
Rent		Entertainment/ Eating out	
Telephone, Electricity, Water		Childcare/ schooling	
Other		TOTAL:	
Amount Requested & Intended Use:			
DOCUMENT CHECKLIST			
		TYPE OF DOCUMENT	PROVIDED?
		Evidence of current enrolment from ISIS (E.g. downloadable letters)	
		Last 90 days of bank transactions (for all bank accounts)	
		Evidence of carer responsibilities (E.g. birth certificates, custody agreement, Centrelink payment report)	
		Completion of appendix 1: Reason of grant	
		Documents to support claims in Appendix 1 (Eg. Daycare invoice)	
AGREEMENT AND DECLARATION			
<p><input type="checkbox"/> I certify that the information provided by me in relation to this application is true and correct. I give permission for ANUSA to access records held by the university such as my academic record, bursaries and scholarships received etc.</p> <p><input type="checkbox"/> I acknowledge that if after the provision of funds through the grant it is reasonably suspected that if I lied, omitted information or misrepresented on my application, I will be considered ineligible for further financial assistance through the ANUSA Student Assistance Team and may be required to repay the amount granted.</p>			
Student signature		Date	
Application received by		Date	
Office Use Only			
Case Number	ACG		
Date Approved			
Amount Approved			
1 st Approver	Signature:	Name:	
2 nd Approver	Signature:	Name:	
Comments			



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Appendix 1

Reason for Grant

Provide a detailed explanation of why you are applying for this grant and what your plan is going forwards to support yourself financially while you study? If you are an international student, please also explain how your situation has unexpectedly changed since commencing study. Attach an extra page if necessary.