



## ANUSA COVID-19 Grant

### Overview

The ANU Students' Association COVID-19 Grant is designed to provide financial assistance to eligible enrolled students who are required to isolate because they have received a positive COVID-19 test result, awaiting result, or are a close contact. Please note, this grant has been created for those who have had to **recently** quarantine due to COVID-19. The main criteria for this grant is a demonstration of a genuine financial need i.e. loss of income, and being deemed ineligible for government COVID-19 support payments. The maximum amount available is **\$750**.

### Eligibility

- Be enrolled as an ANU Undergraduate or ANU College student.
- Recently being required to isolate as a result of receiving a positive COVID-19 test result, awaiting a result or are a close contact.
- Be able to demonstrate loss of income due to COVID-19.
- Be able to demonstrate financial need.
- Not be receiving substantial financial support for the same quarantine period.

### 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.

While individual circumstances may vary, an ANUSA COVID Grant may be used to cover:

- Medical expenses- i.e. medical appointments and medical supplies
- Living expenses i.e. groceries, rent, utility bills

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)
3. You may be asked to provide additional evidence where required
4. Send your application to [sa.assistance@anu.edu.au](mailto:sa.assistance@anu.edu.au)

If you need assistance with filling in the form, please contact an ANUSA Student Assistance Advisor at: [sa.assistance@anu.edu.au](mailto:sa.assistance@anu.edu.au) or call 6125 2444.

**ANUSA COVID-19 GRANT**  
*CONFIDENTIAL*

**Application Form**

**Email to: [sa.assistance@anu.edu.au](mailto:sa.assistance@anu.edu.au)**

Personal Information			
Student's name			
Student number			
Domestic or International student			
Bank account details (to deposit grant if successful)	BSB:		Acc number:
<b>PLEASE PROVIDE A RESPONSE TO THE FOLLOWING:</b>			
<b>When was your first day of quarantine?</b>			
<b>How many days are you/were you required to quarantine (as directed by the health authority or a health professional)?</b>			
<b>How does this impact your income?</b>			
<b>Do you have any additional expenses because of quarantine that you would like to mention?</b>			
<b>During your quarantine period, are you eligible for or are you receiving any of the following (please tick):</b>			
<input type="checkbox"/> Pandemic Leave Disaster Payment (if so, how much?) <input type="checkbox"/> Any income, earnings or salary from paid work <input type="checkbox"/> Any income support payments including Youth Allowance, Job Seeker, Special Benefit ABSTUDY Living Allowance, Parental Leave Pay or Dad and Partner Pay <input type="checkbox"/> The COVID-19 Disaster Payment <input type="checkbox"/> The COVID-19 Hardship Payment <input type="checkbox"/> Any other support (parental, scholarship etc.) _____ <input type="checkbox"/> None			
<b>How much do you have in savings/bank account?</b>			

**ANUSA COVID-19 GRANT**  
*CONFIDENTIAL*

<b>How much are you requesting?</b>			
<b>Any additional comments:</b>			
<b>DOCUMENT CHECKLIST</b>			
	<b>TYPE OF DOCUMENT</b>	<b>PROVIDED?</b>	
	Evidence of current enrolment from ISIS (E.g. downloadable letters)		
	Last 30 days of bank transactions (for all bank accounts)		
	Evidence of requirement to quarantine e.g. correspondence with ACT Health, or a letter from a medical professional		
<b>Agreement and Declaration</b>			
<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.			
<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 Unit and may be required to repay the amount granted.			
Student signature		Date	
Application received by		Date	

Office Use Only			
Case Number			
Date Approved			
Amount Approved			
1 <sup>st</sup> Approver	Signature:		Name:
2 <sup>nd</sup> Approver	Signature:		Name:
Comments			