



## ANUSA Medical Grant

### Overview

The ANU Students' Association's Medical Grant is designed to provide financial assistance to eligible enrolled students requiring medical assistance. The main criteria for this grant are the demonstration of a genuine need and that continued study may be in jeopardy due to financial hardship.

### Value

The maximum grant available is **\$300 per semester**.

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.

### Eligibility

- Be enrolled as an ANU student.
- 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 for medical treatment for a medical condition.

### Further Information

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

- Unexpected medical bills
- Required medical treatment

### How to apply

1. Complete all sections of this form.
2. Provide the requested 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](mailto:sa.assistance@anu.edu.au) or hand in to the 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](mailto:sa.assistance@anu.edu.au) or call 6125 2444.

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Application Form

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

<b>Personal Information</b>			
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:
<b>Program Information</b>			
What is your current ANU course of study?			
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? If yes please provide details.			
<b>Income Information</b>			
<i>Please provide details of your income. If relevant include your partner's income</i>			
<b>SOURCE</b> (E.g. Centrelink, employment)	<b>AMOUNT PER FORTNIGHT</b>		
<b>TOTAL:</b>			
<b>Amount of money you currently have:</b>			
<b>Expenses Information</b>			
<i>Please attach an extra sheet of more space is required</i>			
<b>TYPE OF EXPENSE</b>	<b>AMOUNT PER FORTNIGHT</b>		
Food and groceries			
Rent			
Telephone, Electricity, Water			
Transport			
Entertainment/ Eating out			
Other			
<b>TOTAL:</b>			
<b>Amount Requested &amp; intended use:</b>			



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<b>DOCUMENT CHECKLIST</b>			
	<b>TYPE OF DOCUMENT</b>	<b>PROVIDED?</b>	
	Evidence of current enrolment from ISIS (E.g. downloadable letters)		
	Last 60 days of bank transactions (for all bank accounts)		
	Evidence of medical attention required. (E.g Letter from doctor or counsellor regarding the medical illness, and required treatment)		
	Appendix 1: Reason of grant		
	Documents to support claims in Appendix 1		
<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	

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