

Declaration

Applicants Name:

1. As a Student at Holmesglen Institute, I have not been suspended or had any disciplinary action taken against me.
2. I declare that the information on this form is true and accurate to the best of my knowledge.
3. I have made this claim for a Scholarship payment, fully aware that any false statements can lead to withdrawal/refusal of any financial support and may lead to me being prosecuted.
4. I understand that the application can be refused if all relevant information is not provided.

Applicants Signature:

Date:

Counsellor/Welfare Worker's Name:

Counsellor/Welfare Worker's Signature:

Date:

FOR OFFICE USE ONLY

Assistance requested Assistance Granted Application denied Reason:

Amount: \$

Amount: \$

Date received:

Response & outcome: