(19A) - BURSARY APPLICATION FOR FINANCIAL ASSISTANCE

To: The Principal and Bursary Committee

PERSONAL DETAILS

Name .................................................................
Address .................................................................
..................................................................................Postcode ............... 

Telephone  Home ................................. Business .................................

Children attending Beehive Montessori School in 2014

<table>
<thead>
<tr>
<th>Name</th>
<th>Class</th>
<th>Fees</th>
<th>Amount able to contribute per term</th>
</tr>
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Other dependent children (not at Beehive Montessori School)

<table>
<thead>
<tr>
<th>Name</th>
<th>Year</th>
<th>Fees (per year)</th>
<th>School</th>
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SCHOOL COMMITMENT

Voluntary contribution to the school during 2014:

<table>
<thead>
<tr>
<th>Monthly</th>
<th>Weekly</th>
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<tbody>
<tr>
<td>Busy bees attended</td>
<td>.........................</td>
</tr>
<tr>
<td>Classroom roster</td>
<td>.........................</td>
</tr>
<tr>
<td>Other – please detail</td>
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ASSETS

House

Vehicles

Make ................................ Year .............................. ..............................................
Make ................................ Year .............................. ..............................................

Bank/Building Society

Shares

Other ..............................................................................................................................

TOTAL ASSETS


INCOME (Monthly)

Occupation:  Mother .............................................................. ..............................................
Father .............................................................. ..............................................
Family Allowance

Other Income (dividends, interest etc).

Details ..............................................................................................................................

TOTAL INCOME (MONTH)


EXPENSES (Monthly)
Mortgage Payments
Car Payments
Household Expenses
Other

TOTAL EXPENSES (MONTH) ________________________________

REASONS FOR REQUESTING REDUCED FEES

This application must be accompanied by a covering letter addressed to the Committee, a copy of your last Taxation Return, together with evidence of income (authenticated pay slip; Social Security Statement of Income etc.)

DULY WITNESSED STATUTORY DECLARATION
To be signed and witnessed as required under the Oaths, Affidavits and Statutory Declarations Act 2005

I/We make this solemn declaration by virtue of Section 109 of the Evidence Act, 1906.

Declared at ..............................................in the state of Western Australia

This ..............................................day of ..............................................2013

Before me (a witness as required under the Oaths, Affidavits and Statutory Declarations Act 2005.)

Name: ..............................................