Application for Equity Scholarship
Mission Statement

Suncoast Christian College exists to provide Christ-centred education that promotes life-long learning, develops excellence and Christian character, and fosters social responsibility.
# Application for Equity Scholarship

## Applicant Information

<table>
<thead>
<tr>
<th>Father/Legal Guardian</th>
<th>Mother/Legal Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title:</strong></td>
<td><strong>Title:</strong></td>
</tr>
<tr>
<td><strong>Surname:</strong></td>
<td><strong>Surname:</strong></td>
</tr>
<tr>
<td><strong>Given Names (in full):</strong></td>
<td><strong>Given Names (in full):</strong></td>
</tr>
<tr>
<td><strong>Postal Address:</strong></td>
<td><strong>Postal Address:</strong></td>
</tr>
<tr>
<td><strong>Postcode:</strong></td>
<td><strong>Postcode:</strong></td>
</tr>
<tr>
<td><strong>Occupation:</strong></td>
<td><strong>Occupation:</strong></td>
</tr>
<tr>
<td><strong>Employer:</strong></td>
<td><strong>Employer:</strong></td>
</tr>
<tr>
<td><strong>Phone Contacts</strong></td>
<td><strong>Phone Contacts</strong></td>
</tr>
<tr>
<td>Work:</td>
<td>Work:</td>
</tr>
<tr>
<td>Home:</td>
<td>Home:</td>
</tr>
<tr>
<td>Mobile:</td>
<td>Mobile:</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><strong>Email:</strong></td>
</tr>
</tbody>
</table>

**Preferred contact for this application**  
Email: ______________ Phone: ______________

Briefly state the reasons for financial hardship which have contributed to an application for assistance:

________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________

Please state below why you wish to have your child/children at Suncoast Christian College:

________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________

Faith Diligence Love
STUDENT INFORMATION

Students attending Suncoast Christian College in 20__

Name: __________________________ Year Level: ___  Name: __________________________ Year Level: ___

Name: __________________________ Year Level: ___  Name: __________________________ Year Level: ___

Students attending other schools in 20__

Name: __________________________ Year Level: ___  Name: __________________________ Year Level: ___

Name: __________________________ Year Level: ___  Name: __________________________ Year Level: ___

Other dependants living in the family home in 20__

Name: __________________________ DOB: ________  Name: __________________________ DOB: ________
### FEE CALCULATIONS

Refer to website...

<table>
<thead>
<tr>
<th>Tuition Fee per Year</th>
<th>Eldest Student</th>
<th>2nd Student</th>
<th>3rd Student</th>
<th>4th Student</th>
<th>5th Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year Level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year Fee $</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$Free</td>
<td>$Free</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Add</th>
<th>Number of students - ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Levy ($55 per family per term)</td>
<td></td>
</tr>
<tr>
<td>220.00</td>
<td></td>
</tr>
<tr>
<td>Parents &amp; Friends Association ($27.50 per family per term)</td>
<td></td>
</tr>
<tr>
<td>110.00</td>
<td></td>
</tr>
<tr>
<td>Bus</td>
<td></td>
</tr>
</tbody>
</table>

**Total Per Year $**

**Please Note:** Fee assistance is calculated over 52 weekly payments per year to ensure payments are as small as possible. If the equivalent of 52 weekly payments per year is not made, the weekly payment amount will increase.
## INCOME / EXPENDITURE

Financial Details – Weekly Income & Expenditure

<table>
<thead>
<tr>
<th>INCOME</th>
<th>EXPENDITURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay (net after tax)</td>
<td>Mortgage/Rent</td>
</tr>
<tr>
<td>- Father/Guardian</td>
<td>Other Loans (specify*)</td>
</tr>
<tr>
<td>- Mother/Guardian</td>
<td>Credit Cards / Store Cards</td>
</tr>
<tr>
<td>CentreLink Payments (specify*)</td>
<td>Suncoast CC School Fees</td>
</tr>
<tr>
<td>-</td>
<td>Other School Fees</td>
</tr>
<tr>
<td>-</td>
<td>Rates/Electricity/Gas</td>
</tr>
<tr>
<td>-</td>
<td>Car Expenses</td>
</tr>
<tr>
<td>Maintenance Payments (specify*)</td>
<td>Household and Living</td>
</tr>
<tr>
<td>Other (specify*)</td>
<td>Personal Expenses (specify*)</td>
</tr>
<tr>
<td>-</td>
<td>Other Regular Expenses (specify*)</td>
</tr>
<tr>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL WEEKLY INCOME** $_________

**TOTAL WEEKLY EXPENDITURE** $_________

*If there is insufficient space please attach a detailed list*

**Important** – Proof of income must be attached (i.e. most current Tax Assessment Notice / CentreLink statement of payments / Copy of Bank statement) also Mortgage Statement or Rental Receipt must be attached – see Supporting Documentation Checklist

## ASSETS / LIABILITIES

<table>
<thead>
<tr>
<th>LIABILITIES</th>
<th>ASSETS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortgage</td>
<td>Cheque Accounts</td>
</tr>
<tr>
<td>Other Loans</td>
<td>Savings Accounts</td>
</tr>
<tr>
<td>Credit Cards</td>
<td>Other eg. Term Deposits</td>
</tr>
<tr>
<td>Store Accounts</td>
<td>House / Property</td>
</tr>
<tr>
<td>Hire Purchase</td>
<td>Investment Property</td>
</tr>
<tr>
<td>Personal Loan/s</td>
<td>Motor Vehicles:</td>
</tr>
<tr>
<td>Investment Property</td>
<td>Year/Make/Model</td>
</tr>
<tr>
<td>Taxation</td>
<td></td>
</tr>
<tr>
<td>Other (specify*)</td>
<td>Caravan / Boat</td>
</tr>
<tr>
<td></td>
<td>Shares / Bonds</td>
</tr>
<tr>
<td></td>
<td>Furniture &amp; Household Effects</td>
</tr>
<tr>
<td></td>
<td>Other Assets (specify*)</td>
</tr>
</tbody>
</table>

**TOTAL LIABILITIES** $_________

**TOTAL ASSETS** $_________

Less Total Liabilities $_________

**SURPLUS** $_________
Please specify below any other relevant information the College should be aware of:

________________________________________________________________________

________________________________________________________________________
PRIVACY NOTICE

Disclosure Statement

Suncoast Christian College ABN 72 157 669 672 will use the information disclosed by you for the purpose of assessing your Application for Equity Scholarship.

Authorisation and Consent - I/We, the applicant/s, agree that, for the purpose of assessing this application for Equity Scholarship, the College may verify the application details with any employer, real estate agent, CentreLink or other institution/s including property searches.

By signing this Application for Equity Scholarship the applicant/s agree to the above.

For further information on the College’s Privacy Policy or to view a copy please refer to the College website www.suncoastcc.qld.edu.au or contact Kerry Paulsen, Assistant Business Manager.

SUPPORTING DOCUMENTATION CHECKLIST

The following information must be included with this application
Please tick the items included (copies only please)

- Copy of current payslip/s (at least 6 weeks).
- Copy of current Payment Summary and Tax Assessment.
- Copy of current Social Security entitlements – available from CentreLink.
- Copy of Bank Statement/s (if above is not available).
- Copy of current mortgage statement or rental receipt.
- Copy of current Rates notice/s (if applicable).
- Completed, duly signed, Application for Equity Scholarship Form.
CUSTOMER DDR (DIRECT DEBIT) SERVICE AGREEMENT

This outlines our service commitment to you, in respect of the Direct Debit Request (DDR) arrangements made between Suncoast Christian College, User ID 088603. It sets out your rights, our commitment to you and your responsibilities to us together with where you should go for assistance.

Initial Terms of the Arrangement

In terms of the Direct Debit Request arrangements made between us and signed by you, we undertake to periodically debit your nominated account for the agreed amount for school fees.

Drawing Arrangements

- The first drawing under this Direct Debit arrangement will occur on a nominated day.
- If any drawing falls due on a non-business day, it will be debited to your account on the next business day following the scheduled drawing date.
- We will give you at least 14 days notice in writing when changes to the initial terms of the arrangement are made. This notice will state the new amount, frequency, next drawing date and any other changes to the initial terms.
- If you wish to discuss any changes to the initial terms, please phone the Accounts Receivable on 5451 3656.

Your Commitment to Us

It is your responsibility to ensure that:

- Your nominated account can accept direct debits (your financial institution can confirm this); and
- That on the drawing date there is sufficient cleared funds in the nominated account; and
- That you advise us if the nominated account is transferred or closed.

If your drawing is returned or dishonoured by your financial institution, please contact the Accounts Receivable Officer as soon as possible. Any transaction fees payable by us in respect of the above will be added to your account.
AUTOMATIC PAYMENT REQUEST

The College requires that a minimum fortnightly payment be made to demonstrate the family's commitment and support of the College programmes. All co-payments must be made using the automatic payment request either via Direct Debit Request/Authority (Wednesday and Friday Only) or Credit Card Authority (Friday Only).

Rejected payments, for any reason, will incur a $5.00 administration fee. This will be in addition to any bank fees which may be charged. The rejected payment must be made up by the end of each term.

Direct Debit Request/Authority

I/We request that Suncoast Christian College user ID 088603 to arrange for funds to be debited from my/our nominated account at the financial institution shown below according to the schedule specified below.

Name of Financial Institution/Bank  
Address/Branch  
Name of Account Holder(s)  

BSB No.  
Account Number  

The amount to be debited at intervals indicated below is: $  
(Leave blank – to be advised after processing application)

Commencing immediately / on and at Weekly / Fortnightly intervals that are on  
Wednesday / Friday with final payment date or continue payments until account is paid in full or advised otherwise. (delete not applicable)

Credit Card Payment Authority

I/We give authority for Suncoast Christian College to process payment with the Credit Card details provided below.

Name as it appears on the card:  

[ ] MasterCard  [ ] Visa

Card No:  

Expiry Date /  Check Digits: ___ ___ ___  

The amount to be processed at intervals indicated below is: $  
(Leave blank – to be advised after processing application)

Commencing immediately / on and at Weekly / Fortnightly intervals that are on  
Friday with final payment date or continue payments until account is paid in full or advised otherwise. (delete not applicable)
Acknowledgement

By signing this Automatic Payment Request I acknowledge having read and understood the terms and conditions governing the debit arrangements between myself and Suncoast Christian College, as set out in this Request and for Direct Debits, in the Direct Debit Service Agreement. I acknowledge that if payments are rejected, an administration fee of $5.00 per rejected payment may be added to my account. This will be in addition to any bank fees which may be charged. Any cancelled automatic payments must be made up by the end of each term.

Signature(s) ____________________________________________

(If debiting from a joint bank account, both signatures are required)

Date ____________

EQUITY SCHOLARSHIP GUIDELINES

Background

Suncoast Christian College provides Equity Scholarships in compassionate support of families where special circumstances exist due to financial hardship. Donors and Sponsors contribute a limited amount of funding to enable assistance to be provided to as many families that can be reached in the case of genuine need.

This funding is allocated according to a means-testing process, taking into consideration the family’s financial position and circumstances of hardship.

The level of assistance will be determined according to:

a) the family’s assessed ability to pay fees based on information disclosed by the family; and

b) the number of requests received by the College for assistance to all families within the school year.

Guidelines

1. An application for Equity Scholarship is commenced by the College following receipt of the completed “Application for Equity Scholarship” and all supporting documentation as requested.

2. Where the Business Manager is satisfied with the amount of information provided, parents/guardians will be asked to attend an interview with the Business Manager and Principal. Subsequent interviews may be required as deemed necessary by the Business Manager and/or Principal.

3. Where applications for Equity Scholarship do not include sufficient supporting information, it is the parent/guardian responsibility to follow up and provide to the College.

4. Where insufficient space is provided on the Application for Equity Scholarship, the applicant must attach full details on a separate piece of paper.

5. An Equity Scholarship is offered according to the Terms and Conditions set down by the College. Terms and Conditions are not negotiable.

6. The Equity Scholarship will not apply for a period prior to the College receiving the Equity Scholarship Application.

7. The level of the Equity Scholarship is determined by a process of means-testing the financial position of a family.
8. If an Equity Scholarship is provided by the College, the parents/guardians are expected to pay any balance of fees and meet all additional costs by the end of the school year. Payment by Direct Debit is the preferred method and this arrangement must remain current until all fees are paid.

9. Non-payment of fees or inadequate payment of fees may cause an Equity Scholarship to be withdrawn or not offered in future. If difficulties arise in paying tuition fees, parents/guardians should discuss with the Business Manager immediately.

10. All Equity Scholarships are for a period not exceeding the period offered.

11. If the financial position of the family improves, it is expected that the Business Manager will be notified immediately and assistance may be reallocated to those in greater need.

12. All aspects of assessing and granting an Equity Scholarship are of a confidential nature.

13. Parents/guardians are to refrain from discussing Equity Scholarship applications and levels of assistance provided with any other party. Should the College become aware of such discussions, then assistance may be withdrawn.

14. Any Equity Scholarship is made possible through the support and commitment of the whole school community and therefore, the parental involvement hours given to the school by those receiving an Equity Scholarship is expected to exceed that of a full fee paying family.

15. Equity Scholarships are intended to support families during times of financial hardship and may not be available to support outcomes of lifestyle choice without special circumstances, such as undertaking full-time study, a change to less than full-time employment or establishment of own business/career change.

16. Where applications are received beyond the level of assistance available, priority will be determined according to: 1) demonstrated financial hardship due to no fault of their own; 2) desire of the family for a Christian education rather than simply a high standard of education; 3) demonstrated commitment from the family to make payment of any balance of fees; 4) parental involvement and support given to the program of the College; and 5) number of children attending the College.

17. Not all applicants will receive assistance.

18. The Business Manager is to report to the College Board regularly, to enable the College Board to review the total of fee assistance provided and the number of families receiving assistance.

**SUBMISSION / IMPORTANT DATES**

Equity Scholarship applications are to be submitted on the appropriate application forms and sent to:

Dr Steven Austen  
Business Manager  
Suncoast Christian College  
PO Box 5254  
SUNSHINE COAST MC  QLD  4560

**Interviews to discuss Equity Scholarship Applications:**

I/We declare that the information supplied in this application is complete and correct. I/we have read and understood the terms and conditions (Equity Scholarship Guidelines) pertaining to this application. I/We declared that the information given in this application is true and correct. All financial information is current and no assets or income details have been omitted. I/We agree to notify the Business Manager immediately of changes to our financial circumstances and will give the payment of College fees our highest priority.

Authorisation and Consent - I/We, the applicant/s, agree that, for the purpose of assessing this application for an Equity Scholarship, the College may verify the application details with any employer, real estate agent, CentreLink or other institution/s including property searches.
Signature/s: ____________________________ ____________________________ Date __/__/____

Please Note: All applicants must sign here.
APPLICATION FOR VOLUNTEERING

We value our volunteers and appreciate the generous free giving of your time & skills.

Title: ___________________ First Name: ___________________ Surname: ___________________

Postal Address: ___________________ Suburb: ___________________

Postcode: ________ Email: __________________________________________________________________________

Home Phone Number: ___________________ Mobile: __________________________________________________________________________

Department, class/subject or area you would prefer to work in:

<table>
<thead>
<tr>
<th>Manual Arts</th>
<th>Class Assistance</th>
<th>Festival</th>
<th>College Café</th>
<th>Support-A-Reader</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sewing/Mending</td>
<td>Cleaning</td>
<td>Admin Work</td>
<td>Gardening</td>
<td>Support-A-Maths</td>
</tr>
<tr>
<td>Parent Reps</td>
<td>Sport Coach</td>
<td>Library</td>
<td>Home Economics</td>
<td></td>
</tr>
</tbody>
</table>

Please list skills/talents/expertise: __________________________________________________________________________

Preferred Day/s Available for Volunteering

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Holidays</td>
<td>☐</td>
</tr>
</tbody>
</table>

Hours e.g. 8-10am: ___________________

Relationship to the College: __________________________________________________________________________

(i.e. Parent/Guardian/Grandparent/Other—please specify. NB: All volunteers who are not College parents are to have or apply for a Blue Card—CCYP-working with children)

Any further comments: 

I endorse and understand that volunteering at Suncoast Christian College means work done in any organised context that is carried out without pay, benefits or entitlements and is of my own free will to benefit the College. I understand that I need to sign in and out at Primary Reception, Administration Reception or the Café every time that I volunteer at the College and wear the name badge provided as identification.

Volunteer’s Signature: ___________________ Date: ______________

On behalf of College: ___________________ Date: ______________

<table>
<thead>
<tr>
<th>VOL</th>
<th>Conf Letter</th>
<th>Code of Pract</th>
<th>DB Entry</th>
</tr>
</thead>
</table>

SUBMITTING YOUR ‘APPLICATION FOR VOLUNTEERING’ FORM
& THE PRIVACY ACT

1. In applying for a volunteer position you will be providing Suncoast Christian College with personal information. We can be contacted at PO Box 5254 SUNSHINE COAST MC 4560, info@suncoastcc.qld.edu.au (07) 5451 3600.

2. If you provide us with personal information, for example your name and address or information contained on your application for volunteering form, we will collect the information in order to assess your application.

3. You agree that we may store this information for up to 12 months.

4. We will not disclose this information to a third party without your consent.

5. We are required to collect information regarding whether you are or have been subject of an Apprehended Violence Order and certain criminal offences under Child Protection Law, for applicants who are not parents.

6. If you provide us with the personal information of others, we encourage you to inform them, that you are disclosing that information to the College and why, that they can access that information if they wish that the College does not usually disclose the information to third parties.

For further information on the College’s Privacy Act Policy please contact:

Kerry Paulsen
Assistant Business Manager
Phone: 07 5451 3600
Email: k paulsen@ suncoastcc.qld.edu.au
Suncoast Christian College, established in 1979, is a dynamic co-educational independent institution which is committed to serving the needs of its students and their families.

Students from early childhood through to the Senior Years are immersed in comprehensive, relevant educational programs which foster excellence spiritually, academically, socially, culturally and physically. By operating from the same campus, the Primary together with Middle and Senior Years within the Secondary School facilitate a seamless curriculum which allows students to make the transition easily from one to the other.

Suncoast Christian College has accreditation status under the Education Act of 2001. The distinctly Christ-centred curriculum, developed from a biblical perspective and based on the current Queensland Studies Authority syllabuses, therefore, meets the requirements of State and Federal authorities. It is delivered by teachers of the highest calibre who actively model Christian values while offering an education aimed at developing excellent thinking strategies in an academically stimulating environment.