

## Dr Barbara Ball Scholarship Financial Need Form

This form must be completed in full and returned together with other required documentation by the annual deadline. Completion is required annually for all holders of the Dr Barbara Ball Public Health Scholarship in order to remain eligible for continued funding.

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A) Annual Income  NB total for student's household  Mother/guardian 1 income  Father/guardian 2 income  Student income (scholarships or holiday pay) Income from additional wage earner  Other household income: Rental income  Dividends/stocks  Child support  Gifts  Bursaries/Scholarships  Government assistance  Other income (specify)		D) Annual Expenses  Household expenses  Mortgage  Rent  Land tax  Annual loan repayment  Child support/alimony  Groceries  Clothing  Insurance premiums: Building/contents  Health/life  Vehicle(s)  Utilities: Electricity	)
Total Annual Income (A):		Phone (cell and land line)	
		` Wate	
B) Assets (total household) House (year or purchase & price) Other property Car, Bike(s) Boat Savings / Other assets: Savings Investments Shares Other assets Total Assets (B)		Entertainment:  Cable TV  Restaurant & take-out meals  Holidays  Exceptional medical expenses  School fees for applicant (total in C)  School fees for other dependants  Other expenses (specify)  Total Annual Expenses (D)	t
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C) Student's Annual Education Costs Tuition Accommodation Groceries Fees Books and supplies Local transportation Air travel (if applicable) Other (specify) Total Annual Education Costs (C)		E) Liabilities  Mortgage on home  Mortgage on other properties  Car loan  Personal loan  Credit card outstanding balance  Other liabilities (specify)  Total Liabilities (E)	
I declare that this information is true and result in permanent withdrawal of the sch		understand that misrepresenting financ	ial means will

Guardian's Name	Student's Name	
Guardian's signature	Student's signature	
Guardian's occupation	Student's holiday job	
Date	Date	