

Tel: 61 (0)2 6788 2135

Email: admin@necom.org.au

Web: http://www.necom.org.au

CB Newling Building

Cnr Mossman & Faulkner Streets Armidale

PO Box 1313 Armidale NSW 2350

NECOM & NSW DEPARTMENT of EDUCATION BURSARY APPLICATION FORM 2020

STEP 1 – Student Details

NAME OF APPLICANT _____ D.O.B. _____

SCHOOL AND SCHOOL YEAR _____

INSTRUMENT: _____ NO OF YEARS STUDY _____

PRIVATE TEACHER (or school teacher if applicable): _____

(NB Teacher may be asked to write a confidential report on the student.)

IS THE APPLICANT OF ABORIGINAL DESCENT? No Yes

IS THE APPLICANT FROM A LANGUAGE BACKGROUND OTHER THAN ENGLISH? No Yes

DOES THE APPLICANT HAVE A RECOGNISED DISABILITY No Yes. If Yes give details

LIST THE SCHOOL CHOIR/S and INSTRUMENTAL ENSEMBLE/S THAT THE APPLICANT WILL BE A MEMBER OF FOR THE PERIOD 2019-2020.

STEP 2 – Parent/Guardian Details

PARENT/GUARDIAN _____

ADDRESS _____

TOWN _____ POSTCODE: _____

TELEPHONE _____ MOBILE _____

EMAIL _____

NO OF DEPENDANT CHILDREN IN THE FAMILY _____

music speaks volumes



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I AM A SINGLE PARENT WITH A GROSS ANNUAL INCOME OF:

- Under \$20,000 \$20,000-\$35,000 \$35,000-\$45,000 \$45,000-\$55,000
 \$55,000-\$65,000 Over \$65,000

OR

OUR COMBINED GROSS FAMILY INCOME IS:

- Under \$20,000 \$20,000-\$35,000 \$35,000-\$45,000 \$45,000-\$55,000
 \$55,000-\$65,000 Over \$65,000

STEP 3 – Financial Support Details

I/WE DO NOT RECEIVE BENEFITS

I/WE RECEIVE THE FOLLOWING BENEFITS (eg Family Allowance, Single Parent Pension)

STEP 4 – Declaration

The following documents are required:

- FULL TAX RETURN (NOT ASSESSMENT) FOR LATEST TAX YEAR
 CENTRELINK PAYMENT SUMMARY
 OTHER INFORMATION AS REQUESTED BY BURSARY COMMITTEE
 I/WE UNDERSTAND THAT WITHOUT PROOF OF INCOME THE APPLICATION IS INELIGIBLE FOR CONSIDERATION
 I/WE CERTIFY THAT THE INFORMATION PRESENTED IS CORRECT.

Signature _____ Date _____

RETURN BY FRIDAY 15th NOVEMBER 2019 at 5pm to:

NEW ENGLAND CONSERVATORIUM OF MUSIC

ATTENTION: CONFIDENTIAL

PO BOX 1313, ARMIDALE NSW 2350

Email: admin@necom.org.au

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