



Financial Assessment Form

APPLICANT'S INFORMATION (TO BE FILLED IN BY APPLICANT)

1. Your name
☐ Mr.
☐ Miss, Ms. _____
2. Your permanent (physical) address

3. Your mailing address (if different from above)

4. Your email address

5. Your telephone/mobile number

6. Your date of birth (DD/MM/YYYY)

PARENT'S INFORMATION (TO BE FILLED BY PARENT(S)/GUARDIAN(S))

"Parents" means the custodial parent(s) – the parent, parents, or legal guardian(s) with whom the student lives. If the student's biological or adoptive parents are divorced or separated, the custodial parent(s) are the parents or parents the student has lived with the most during the 12 months prior to filling this information sheet. If the custodial parent has remarried, "parents" includes the student's biological/adoptive parent and step parent.

7. What is your parents' (guardians') current marital status? (Mark only one box)
☐ Married ☐ Separated/Divorced
☐ Widowed ☐ Other (explain) _____
8. Father's name _____
 - a. Age _____
 - b. Address _____
 - c. Occupation/Title _____
 - d. Employer _____
 - e. Number of years with employer _____
9. Mother's name _____
 - a. Age _____
 - b. Address _____
 - c. Occupation/Title _____
 - d. Employer _____
 - e. Number of years with employer _____



FINANCIAL INFORMATION (TO BE FILLED BY PARENT(S)/GUARDIAN(S))

10. How many people are dependent on your income(s) for daily living expenses? _____
11. Provide information for **all** family members you included in question (11). Do not include yourself.
Currency: _____

Full Name	Relation to you	Age	Cost of Annual living expense	Name of School (if applicable)	Annual School Costs (if any)

12. Income (please state all amounts from the previous year)

Total annual salary before taxes (combined if two parents work): _____

Total other income (i.e from property, investments): _____

Please explain other income

13. Expenditure (please state all amounts from the previous year)

Rent or mortgage	_____	Amount allocated to savings	_____
Utilities	_____	Automobile maintenance	_____
Household expenditure (food, maintenance)	_____	Loan payments	_____
Educational expenses	_____	Taxes	_____
Other (explain) :	_____	Workers	_____

Documentation must be provided to verify income information requested on this form. Please tick two of the following types of documentation that you will be sending:

☐ Payslip ☐ Statement from employer ☐ Bank Statement (3 months) ☐ Other: _____

14. How much do you feel you could contribute to your child's scholarship (incl. living expenses) per annum?



FURTHER INFORMATION

15. Use this space to explain any unusual expenses, other debts, or special circumstances that the National Committee should take into consideration when deciding, if accepted, which scholarship should be awarded to the applicant. You can also use this space to share any information/comments relating to this assessment. Use an additional sheet of paper if necessary.

DECLARATION

I declare that all of the information on this form is, to the best of my knowledge, correct. By signing this assessment form I accept that any false information given may cause the place at a UWC to be reallocated. I confirm the required documentation is attached.

Date: _____

Signed (Parent/Guardian): _____

The personal and financial information which you provide will be used for the following purposes: to enable the National Committee to create a computer and paper record of the application; to enable the application to be processed; to enable the committee to assess the financial means of the parent(s); and to enable the National Committee to compile statistics for internal use. The information will be kept securely, and will not be shared, sold or published, and will be kept no longer than necessary.