CQUNICARES EMERGENCY GRANT APPLICATION



The CQUniCares Emergency Grant provides financial assistance to low-income students who are experiencing financial hardship as a result of an unanticipated or emergency situation.

Applicants will need to demonstrate the impact of the situation on their ability to complete their studies.



YOUR PERSONAL DETAILS

CQUniversity student number				
Given name/s				
Family name				
Mobile				
Home address				
Are you an Australian or New Zea (must have a permanent home ad	land citizen or holder of an Australian Permanent Visa? dress in Australia)	Yes	No	
Have you successfully completed	at least one term of study at CQUniversity?	Yes	No	
Have you received a CQUniCares Emergency Grant in the last 12 months?		Yes	No	
Are you a cross-institutional stude	ent (your home institution is not CQU)?	Yes	No	
PERSONAL STATEMEN	Т			
Grant would help assist you in ord	act to continue your studies.			

DECLARATION

I confirm that the information provided is to the best of my understanding and knowledge, complete and correct. I understand giving false or misleading information is a serious offence under the Criminal Code Act 1995 (Cth). I understand that if I provide false or misleading information it may result in penalty or termination of the emergency grant, and I may be required to return any paid emergency grant funds. I understand that the University may share information within this application, including academic records, with a third party, such as emergency grant donors.

Applicant signature		Date	
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