



## Yeoval Central School

Obley Street

Yeoval NSW 2868

P: 02 6846 4004 F: 02 6846 4317 E: [yeoval-c.school@det.nsw.edu.au](mailto:yeoval-c.school@det.nsw.edu.au)

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## Student Assistance Scheme

The Student Assistance Scheme (SAS) is a limited annual allotment of school funds, set aside to provide support to some students of Yeoval Central School. The scheme enables financial assistance to be provided to eligible families for school related expenses.

These expenses include, but are not limited to, such things as: school uniform, text books, school curriculum related excursions or costs, subject specific costs, stationery needs.

It is not possible to fund the General Contribution, school formals, school photographs or school jerseys/ jackets from this scheme.

Eligibility conditions on the provision of funds are determined by the Principal.

In exceptional circumstances where an application exceeds the allocated annual SAS funding for students (see table below) the Parents/ Caregivers must formally and in writing, approach the school Principal who will determine the outcome of the application.

All applications are confidential and the merits of each application are assessed on the basis of established criteria as listed below.

### CRITERIA

In a number of situations, should the application be successful, funds may be simply transferred within the school accounts to pay for the need.

### LIMITS

To ensure the extremely limited funds are distributed equitably, **an overall limit of \$150** / student / year applies to all the SAS funding.

The clear expectation is that the applicant is to make some contribution and a payment plan can be arranged on request.

ITEM	LIMIT
*School Uniform	50% of cost up to a maximum of \$100 / Student / year
*School Shoes	\$50 / Student / year
Curriculum Related Excursions	50% of cost up to a maximum of \$100 / Student / year
Subject Fees	50% of the course costs
School Materials	50% of cost up to a maximum of \$50 / Student / year

**\*Funds will be paid directly to parents when receipts are provided.**

**An overall limit of \$150 per student per year applies to all the SAS funding.**

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RESPECT

RESPONSIBILITY

COOPERATION

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## STUDENT ASSISTANCE SCHEME APPLICATION FORM

**Student's name:** \_\_\_\_\_

**Year:** \_\_\_\_\_

Parent/Caregiver name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Reason(s) for Application (confidential):

Declaration: I declare that the above information is correct.

Parent/Caregiver signature: \_\_\_\_\_ Date: \_\_\_\_\_

All applicants will be notified of the decision, if unsuccessful by phone or email.

Type and amount of Assistance Requested (*please tick*):

Uniform    Shoes    Curriculum Excursion    Subject Fees    School Materials

Please give full details of requirements otherwise application cannot be considered.

ITEM	COST	LIMIT (see over page)	FUNDING REQUEST

### OFFICE USE ONLY

Not Approved                      Approved Amount Available: \$ \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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