



Student Hostel Support Scheme - Recurrent Grant Claim Form for 2019

*Payment of grants will be made in two instalments; one for each semester with a supplementary payment available for students who enrol after the second semester claim has been submitted. **Do not submit before week 4.***

| Name of hostel: | | Address: | | | | | Claim for First/Second/Supplementary Payment | | |
|--|-------------|--|-----------------------------------|--|---------------------------------|-------------------------------------|--|------------|--|
| Student name (Group by school attended) | | Home address (Not post office box address and please ensure postcode is included) | Are parents Qld residents? Y/N | Does the student identify as Aboriginal or Torres Strait Islander or both? Y/N (optional) | Date boarding commenced in 2019 | Date boarding ended (if applicable) | School attended | Year level | Initials of school principal or delegate |
| Surname | Given Names | | | | | | | | |
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| Name of hostel: | | Address: | | | | | Claim for First/Second/Supplementary Payment | | |
|--|-------------|--|-----------------------------------|---|---------------------------------|-------------------------------------|--|------------|--|
| Student name (Group by school attended) | | Home address (Not post office box address and please ensure postcode is included) | Are parents Qld residents? Y/N | Does the student identify as Aboriginal or Torres Strait Islander? Y/N | Date boarding commenced in 2019 | Date boarding ended (if applicable) | School attended | Year level | Initials of school principal or delegate |
| Surname | Given Names | | | | | | | | |
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| Name of hostel: | | Address: | | | | | Claim for First/Second/Supplementary Payment | | |
|--|-------------|--|-----------------------------------|---|---------------------------------|-------------------------------------|--|------------|--|
| Student name (Group by school attended) | | Home address (Not post office box address and please ensure postcode is included) | Are parents Qld residents? Y/N | Does the student identify as Aboriginal or Torres Strait Islander? Y/N | Date boarding commenced in 2019 | Date boarding ended (if applicable) | School attended | Year level | Initials of school principal or delegate |
| Surname | Given Names | | | | | | | | |
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| Hostel Certification | Principals' Certifications | |
|---|---|---|
| <p>N.B.: (i) Benefits are paid in two instalments (March and August). See <i>Hostel Assistance Kit 2019</i> for details.</p> <p>(ii) The Student Hostel Support Scheme Recurrent Grant for 2019 is \$4,312 per student per annum for the first 20 students and \$3,761 per student per annum for each additional student.</p> <p>(iii) Hostels with 8 eligible students or less will receive a minimum of \$15,925 per annum until enrolments increase or while the hostel retains approved status.</p> <p>I certify that:</p> <p>(a) the details provided above are true and correct to the best of my knowledge and that the claim is in respect of only those students who are boarding on a full time basis at and who are eligible to attract assistance under the Student Hostel Support Scheme.</p> <p>(b) the Hostel continues to comply with the requirements for approved status as set out in the <i>Hostel Assistance Kit 2019</i></p> <p>Signature _____</p> <p>Name _____</p> <p>Position _____</p> <p>Date ___/___/___</p> | <p>1. I certify that _____ students have attended _____ (school) during the period of attendance at the hostel.</p> <p>Principal signature _____</p> <p>Name: _____</p> <p>Date ___/___/___</p> | <p>2. I certify that _____ students have attended _____ (school) during the period of attendance at the hostel.</p> <p>Principal signature _____</p> <p>Name: _____</p> <p>Date ___/___/___</p> |
| | <p>3. I certify that _____ students have attended _____ (school) during the period of attendance at the hostel.</p> <p>Principal signature _____</p> <p>Name: _____</p> <p>Date ___/___/___</p> | <p>4. I certify that _____ students have attended _____ (school) during the period of attendance at the hostel.</p> <p>Principal signature _____</p> <p>Name: _____</p> <p>Date ___/___/___</p> |

Claim should be forwarded to the Finance Officer, School Financial Resourcing, Department of Education
 PO Box 15033, CITY EAST QLD 4002 or by email: hostels.finance@qed.qld.gov.au