



DEPARTMENT OF EDUCATION
STUDENT HOSTEL SUPPORT SCHEME (SHSS)

RECURRENT GRANT CLAIM FORM: Year: 20__

This form must be completed in conjunction with the *Recurrent Grant Funding Conditions* outlined in the *Student Hostel Support Scheme (SHSS) Program Guidelines*. 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 THIS FORM BEFORE WEEK 4 OF EACH SEMESTER.**

Hostel name: _____

Recurrent Claim for: Semester 1 Semester 2 Supplementary payment

Address: _____

Student name (group by school attended)		Are siblings enrolled? (Y/N)	Home address (No PO boxes and please include postcode)	Meets distance eligibility criteria? (Y/N)	Parents reside in Qld? (Y/N)	Student identify as: - Aboriginal? - Torres Strait Islander? - Both? - Neither? - N/a (please specify)	Date boarding began this year	Date boarding ended this year (if applicable)	School	Year level	Initials of school principal or delegate
Surname	Given Names										
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Student name (group by school attended)		Are siblings enrolled? (Y/N)	Home address (No PO boxes and please include postcode)	Meets distance eligibility criteria? (Y/N)	Parents reside in Qld? (Y/N)	Student identify as: - Aboriginal? - Torres Strait Islander? - Both? - Neither? - N/a (please specify)	Date boarding began this year	Date boarding ended this year (if applicable)	School	Year level	Initials of school principal or delegate
Surname	Given Names										
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Surname	Given Names										
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Hostel Declaration	Principal's Certification	
<p>I have the authority to declare:</p> <p>(i) the details provided in this claim form 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 and who are eligible to attract recurrent funding under the Student Hostel Support Scheme;</p> <p>(ii) a minimum of three (3) families are represented in the hostel's enrolments;</p> <p>(iii) the hostel continues to comply with ALL requirements for approved status as set out in the <i>SHSS Program Guidelines</i>; and</p> <p>(iv) I have attached a completed Accountability Checklist with this claim form.</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Position: _____</p> <p>Date: ____ / ____ / ____</p>	<p>1.</p> <p>I certify that _____ (number of) students are currently enrolled at _____ (school) while boarding at the aforementioned hostel.</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Position: _____</p> <p>Date: ____ / ____ / ____</p> <p>3.</p> <p>I certify that _____ (number of) students are currently enrolled at _____ (school) while boarding at the aforementioned hostel.</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Position: _____</p> <p>Date: ____ / ____ / ____</p>	<p>2.</p> <p>I certify that _____ (number of) students are currently enrolled at _____ (school) while boarding at the aforementioned hostel.</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Position: _____</p> <p>Date: ____ / ____ / ____</p> <p>4.</p> <p>I certify that _____ (number of) students are currently enrolled at _____ (school) while boarding at the aforementioned hostel.</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Position: _____</p> <p>Date: ____ / ____ / ____</p>

Submit this claim form to:

Hostels Finance Officer
School Financial Resourcing
Department of Education
PO Box 15033
CITY EAST QLD 4002
Email: hostels.finance@qed.qld.gov.au

If you require assistance in completing this claim form or require additional information on the SHSS Recurrent Grant Funding Guidelines, please contact Department of Education on telephone (07) 3034 5825.