



NOOSA
DISTRICT SHS
Excellence Through Diversity
P&C Association

**Application For
 Student Representation
 Assistance**

I wish to apply for subsidy assistance for:	_____
	<i>(name of student)</i>
to support my child's participation in:	_____
	<i>(name of team or group)</i>
at:	_____
	<i>(name of event)</i>
to be held on:	_____
	<i>(date of event)</i>
Signature of Parent/Carer:	_____
	<i>(Signature)</i>

Please Provide Bank Details for DIRECT DEPOSIT

BSB: _____

Account No: _____

Account name: _____

Head of Department Statement:

I verify that the above-named student was selected in the _____
 Regional/State/National Team and competed at the _____
 competition on _____ at _____.

- I confirm that this student is financial.
- I confirm that this student meets the NDSHS expectations to a high level.

Name (please print): _____ Date: __ / __ / 20__

Signature of Head of Department: _____

NB: Please complete application form & attach accompanying letter from student and return to school office.

Office Use Only: Date Received: __ / __ / 20__

Amount Paid: \$

Direct Debit: __ / __ / 20__

Cheque Number: _____

Trans/No: _____