To be submitted before accepting an offer from La Trobe University.

Applicant details

Given name/s	Family name
Date of birth d d / m m / y y	Student ID number
Course name	Course duration
Country of citizenship	Agent name and branch (if applicable)

Funds required

Funds required need to be for the first year of the principal / degree course and living costs only.

Expenses	Per Person	Funds required (in AUD)	Funds required in local currency Use www.xe.com for current exchange rates
Travel	Applicant (one return airfare to Australia)	$2,200	
	Family members (one return airfare to Australia per person)	$2,200	
Tuition/ School fees	Applicant (course fees – annual tuition fee)		
	School-age children (aged 5-8)	$8,000 per year	
Living	Applicant	$20,290 per year	
	Partner	$7,100 per year	
	First child	$3,040 per year	
	Each other child	$3,040 per year	
Health Insurance	(Visa length cover as listed on offer letter). If you are bringing your partner or partner and children, please check the applicable visa-length premium at: oshcworldcare.com.au	$_____ visa-length cover	
	Total Funds Required	$	

Applicant declaration

I declare that I have a genuine intention to study the course for which I have applied, and that I have access to sufficient funds to cover tuition fees, living expenses and travel expenses for the duration of my studies and to support my dependants as declared in this document.

Applicant signature	Applicant name

Date

d d / m m / y y

Details of bank deposits

Funding source E.g. bank loan, government sponsored, family	Relationship to applicant (if any)	Bank name (if applicable)	Account type (if applicable)	Current balance in local currency
Total funds available				

Agent to complete page 2 (if applicable)

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Agent declaration (if applicable)

I confirm that I have verified the above mentioned applicant's financial documents and I am satisfied that this "Applicant Financial Declaration Form" contains the correct information and has been signed by him/her in my presence. I am further satisfied that he/she possesses access to the funds detailed above and that these funds are genuine and to be used solely to pay for the intended course.

Agency name or LTU/packaging partner name

_____

Agency staff member name

_____

Agency staff member signature or LTU/packaging partner signature

_____

Date

d	d	/	m	m	/	y	y

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