COVID-19
FEE RELIEF REQUEST

APPLICATION INFORMATION

Applicant Name(s)	
Students name and year level	
Fee Account No	

IMPACT OF COVID-19

Please explain the impact of COVID-19 on your employment or business	

FEE ASSISTANCE REQUESTED

Please select the type of assistance required	☐ Additional time to pay fees [1] ☐ Half Fees [2] ☐ No Fees [2]
Do you need the College to cancel any automatic payment plans already in place?	☐ Yes

1. Families that request additional time to pay will be able to request back-dated fee relief if their financial situation is worse than anticipated.
2. **Fee relief in respect of COVID-19 will be granted on <u>a term-by-term basis</u>** to enable us to assess the ongoing impact on the broader community. For example, if you are approved for fee relief in Term Two the College will contact you four weeks before the start of Term Three and ask you to confirm if there has been any material change to your financial position. If there has been no change, assistance will continue automatically for Term Three.

FAST FINANCIAL ASSESSMENT

Please nominate your current accommodation arrangements:	☐ Renting from government or social housing authority ☐ Renting in private rental market ☐ Own home
If you own your own home, what is your current home equity (current value of home minus mortgage balance):	$
Do you have other significant assets (other property, shares or investments, access to family trusts):	☐ No ☐ Yes, please provide details:

DECLARATION

Declaration	I confirm that the information provided in respect of this application is true and complete.
Signature(s) & Date	--- Date-------------------------------------