



You may apply for financial assistance if you are currently living with exceptional circumstances that have resulted in genuine financial hardship. You will need to provide documented evidence of your hardship situation.

Examples of Financial Hardship may be;

- Unexpected unemployment.
- Significant individual or family adversity including illness.
- Newly arrived migrant or refugee with permanent residency or citizenship.
- Low-income family including those on government benefits and or minimum wages
- Homelessness
- · Exceptional living costs arising from living with a diagnosed disability

To apply for assistance, you must be:

- be an Australian citizen or on a humanitarian visa or hold permanent residency status
- have read and understood the Student and Parent Handbook (located on the ECG College Website)

Your application must include:

• a detailed description of your current circumstance and financial hardship and why you require assistance from ECG College, by completing the Payer declaration below

By Submitting this application form it does not mean you will automatically receive assistance.

Your application will be reviewed by the Principal/Principal Delegate, then a decision will be made, and you will be informed in writing of the outcome.

Please refer to the below link, for some other further financial assistance resources.

Financial Help for Families: Resources | education.vic.gov.au

Document ID:	601-4P Educational Financial Assistance Application Form			No. of pages:	1 of 4
TOID:	4181	School No:	2062	Previous Revision:	July 2022
Revision No.:	3	Revision date:	March 2024	Next revision:	March 2025





Application Information: Student Details

Studer	nt Name									
Campı	ıs	_								
Perso	on Respo	nsible fo	or payme	nt of fees	S					
Parer	nt 🗖	Guardia	n 🗖	Student		Agency		Othe	er (explain)	
Other						_				
Payer	Name	_								
Full-t	oyment/ ime emplo	yee 🗖	Self-empl			Other pens	ion	nent o	of fees No regular income	
Other			•							
Supp	ort Docu	mentati	on Attacl	ıed:						
	Certifica	ate of Sep	oaration							
	Doctors	Certifica	ate							
	Centreli	ink Certii	ficate							
	VISA Sta	atus								

Payer Declaration

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l,	
request the Principal/Principal Delegate to review associated with my enrolment, for the following r	my application and review the cost of my school fees eason/s
I declare that all information provided on this pag	e is true and correct.
Signature	Date
Printed Name	
	

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Office Use Only-

Does the Student (or person responsible for payment of Student's School fees) have the capacity to pay the fees required?

Yes No

If yes, stop now

Does the Student (or person responsible for payment of Student's fees) have the capacity to pay the fees required using the payment plan option?

res No

If yes, stop now

If the answer to all the above is "NO," is the recommendation by School Administration, that a review of the tuition fees paid be considered?

Full Partial

Recommendation

	Concession	Full	Other (Specify)
Actual School Fees	\$	\$	\$
Current Balance	\$	\$	\$

Principal/Principal Delegate

Name and position					
Recommended	Yes	No			
Please attach suppor	ting docur	ments and/or pro	ovide comments t	o support your recor	nmendation
Signature				Date	
Outcome notified to				2440	
Team Member:				Date:	
Credit applied to acc	count on C	OMPASS (if app	licable)		
Team Member:				Date:	

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