

# 601-4P Educational Financial Assistance Application Form



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:    | <ul style="list-style-type: none"><li>• Unexpected unemployment.</li><li>• Significant individual or family adversity including illness.</li><li>• Newly arrived migrant or refugee with permanent residency or citizenship.</li><li>• Low-income family including those on government benefits and or minimum wages</li><li>• Homelessness</li><li>• Exceptional living costs arising from living with a diagnosed disability.</li></ul> |
| To apply for assistance, you must: | <ul style="list-style-type: none"><li>• Be an Australian citizen or on a humanitarian visa or hold permanent residency status.</li><li>• Have read and understood the Student and Parent Handbook (located on the ECG Secondary College Website).</li><li>• If re-enrolling there must be no outstanding debts from the prior year, except for those subject to an existing payment plan where the payments are up to date.</li></ul>     |
| Your application must include:     | <ul style="list-style-type: none"><li>• A detailed description of your current circumstance and financial hardship and why you require assistance from ECG Secondary College, by completing the Payer declaration below.</li></ul>  |

**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 further financial assistance resources.

[Financial Help for Families: Resources | education.vic.gov.au](https://www.education.vic.gov.au/Financial-Help-for-Families)

## APPLICATION INFORMATION:

Student Name: \_\_\_\_\_

Campus: \_\_\_\_\_

### Person Responsible for payment of fees:

Parent  Guardian  Student  Agency  Other (explain below)

Other: \_\_\_\_\_

Payer Name: \_\_\_\_\_

### Employment/financial status of person responsible for payment of fees:

Full-time employee  Self-employed  Other pension  No regular income   
Part-time employee  Centrelink benefit  Other (explain below)

Other: \_\_\_\_\_

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|---------------|--|----------------|---------------|--------------------|---------------|
| TOID:         | 4181   | School No:     | 2062          | Previous Revision: | March 2024    |
| Revision No.: | 4  | Revision date: | November 2025 | Next revision:     | November 2027 |

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**CCG**  
—  
Community  
College  
Gippsland



## ECG Secondary College

### Support Documentation Attached:

Certificate of Separation

## Centrelink Certificate

## Doctor Certificate

Visa Status 

## Additional Evidence:

I, \_\_\_\_\_ request the Principal/Principal Delegate to review my application and review the cost of my school fees associated with my enrolment, for the following reasons:

## DECLARATION

I declare that all information provided on this page 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      |
| <b>(If yes, stop now)</b>  |      |         |
| 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? | Yes  | No      |
| <b>(If yes, stop now)</b>  |      |         |
| 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: \_\_\_\_\_

Position: \_\_\_\_\_

Recommended: Yes  No

Please attach supporting documents and/or provide comments to support your recommendation:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Outcome notified to Payer:

Team Member: \_\_\_\_\_ Date: \_\_\_\_\_

Credit applied to account on COMPASS (if applicable):

Team Member: \_\_\_\_\_ Date: \_\_\_\_\_

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