



## Expression of Interest for Financial Assistance

### Applicant Information

Family Name(s)	
Student/s Name (s)	

### Impact of COVID-19

Please explain the impact of COVID-19 on your employment or business	
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### Fee Assistance Requested

Please select the type of assistance required:	<input type="checkbox"/> Additional time to pay fees <input type="checkbox"/> Fee concession *
Do you need the College to cancel any automatic payment plans already in place?	<input type="checkbox"/> Yes

*\* Fee relief in respect of COVID-19 will be granted on a term-by-term basis 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 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.*

### Fee Contact Person

Name	Contact Number
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