

# FINANCIAL SUPPORT APPLICATION – COVID-19

Name/s: \_\_\_\_\_

Address: \_\_\_\_\_



**FRASER COAST**  
ANGLICAN COLLEGE

Children currently attending Fraser Coast Anglican College:

Name	Academic Year	Name	Academic Year
1		3	
2		4	

**\*\* Please Complete Section 2 OR 3**

## SECTION 2 – CHANGE IN PAYMENT ARRANGEMENTS

My circumstances have changed as follows: \_\_\_\_\_

As a result, I would like to apply to:

- Change my existing payment plan as follows:  
 Amount: \$ \_\_\_\_\_  Weekly  Fortnightly  Monthly
- Enter into a payment plan to pay my Term 2 fees:  
 Amount: \$ \_\_\_\_\_  Weekly  Fortnightly  Monthly
- Defer payment of my Term 2 fees until:  
 Amount: \$ \_\_\_\_\_  Term 3  Term 4  2021

## SECTION 3 – FEE RELIEF

My circumstances have changed as follows: \_\_\_\_\_

As a result, I anticipate requiring financial support:

- Immediately *Complete Section 4*
- In Term 2 *Complete Section 4*
- In Term 3 or 4 *Further details will be requested at a later date*
- In 2021 *Further details will be requested at a later date*

## SECTION 4 – FINANCIAL INFORMATION

*Prior to change in circumstances*

Applicant	Occupation	Hours/wk	Income/wk	Employer Details

*After change in circumstances*

Applicant	Occupation	Hours/wk	Income/wk	Employer Details

Please attach notification from your employer advising the change in circumstances.

**All information collected is confidential. All arrangements offered and agreed to are matters between the College and the applicant and are strictly confidential.**

Office Use Only - Current Payment Arrangement: \_\_\_\_\_

Payment Plan: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_