



HOPE ADVENTIST SCHOOL

Fee Assistance Application Form

(Please return to the Business Manager)

I/We hereby make application for consideration for financial fee assistance to meet the tuition fees for my/our child/children. The lodging of this application does not guarantee that assistance will be granted. The following information is requested and will be regarded in the strictest confidence.

PART A: APPLICANT'S INFORMATION (PARENT/CARER NO 1)

Surname of Parent/Carer:

Christian Names of Parent/ Carer:

Residential address:

Postcode:

Postal address
(if different from above):

Postcode:

Contact Details

Home Phone:

Mobile Phone:

Email:

Occupation:

PART A: APPLICANT'S INFORMATION (PARENT/CARER NO 2)

Surname of Parent/Carer:

Christian Names of Parent/ Carer:

Residential address:

Postcode:

Postal address
(if different from above):

Postcode:

Contact Details

Home Phone:

Mobile Phone:

Email:

Occupation:

PART B: DEPENDENT CHILDREN (0 to 18 years of age only MUST be Totally Financially Dependent)

First Child:

Year Level/Age

Second Child:

Year Level/Age

Third Child:

Year Level/Age

Fourth Child:

Year Level/Age

Do one or more of your children receive a Youth Allowance?

If so, please provide amount and documentation.

\$.....

PART C: INCOME DECLARATION

Applicant/s to provide a legible copy of a CURRENT Low Income Health Care Card
OR complete the following Income Declaration.

	Documentation	ANNUAL GROSS (BEFORE TAX) (\$)			
		Parent /Carer (1)	Parent /Carer (1)	TOTAL FAMILY	Office use only
Employment Income <i>(Wages / Salary / Self Employment Income)</i>	1				
Employer Provided Fringe Benefits <i>(\$ value of benefits received)</i>	2				
Rental Income	3				
Reportable Superannuation Contributions <i>(Salary Sacrifice contributions made)</i>	4				
Other Salary Sacrifice Amounts	5				
Family Tax Benefit – Part A	6				
Family Tax Benefit – Part B	6				
Other Centrelink Payments Detail:	7				
Detail:					
Interest Income <i>(Interest from Banks, Building Societies etc)</i>					
Child Maintenance Received	8				
Any Other Income Received Detail:	8				
Detail:					
Detail:					
TOTAL ANNUAL INCOME					

Important

- All supporting documentation **MUST** be provided to allow for the processing of the Fee Assistance Application form. Incomplete forms will not be processed and will be returned.
- Fee Assistance Application form **DECLARATION** must also be completed and signed by **ALL applicants** to allow the processing of the application.

Documentation Required for Application to be Processed

1. Copy of last (3) consecutive pay slips or in the case of self-employed income, copy of the most recent Income Tax Assessment notice as issued from the Australian Tax Office.
2. Letter / Statement from Employer confirming the \$ value of Fringe Benefits received.
3. Copy of Real Estate rental statement or other documentation to support rental income received.
4. Letter / Statement from Employer confirming the \$ value of Superannuation contributions made via salary sacrifice.
5. Letter / Statement from Employer confirming the \$ value of other salary sacrifice amounts.
6. Statements from the Family Tax Assistance office confirming benefits received.
7. Statements from Centerlink confirming benefits received.
8. Other supporting documentation for income received.

PART E: FEE ASSISTANCE APPLICATION - DECLARATION

I / We hereby confirm that the information provided in the attached Fee Assistance Application form is true and correct and provides a full and complete statement of all family income. I/ We further confirm that there is no other information relevant to the consideration of this Fee Assistance Application that I / we have withheld.

I / We further acknowledge and agree that should my/ our financial circumstances change in any way that materially effects the information contained in the attached Fee Assistance Application that I / we will advise and make contact with the schools appointed Business Manager immediately to seek a review of the fee assistance that may have been approved.

I / We authorise the appointed school Business Manager or his/her appointed school representative to seek confirmation on information provided in the Fee Assistance Application as they may deem necessary. I / We understand that any such information would only be requested and used for the purpose of assisting in the assessment of the Fee Assistance Application and that confidentiality would be maintained to only those directly involved in the assessment process.

I / We agree that following the notification of the Fee Assistance Application assessment, that the balance of fees remaining on the Student Fee Account will be settled in accordance with the established Fee Payment Agreement with the results of the Fee Assistance Application being advised by the schools Business Manager, in writing, as soon as possible following the conclusion of the assessment process.

I / We also agree that should any relevant information provided be intentionally false or if there has been a conscious omission of information from the Fee Assistance Application form, that such will render the Fee Assistance Application null and void and that any fee assistance assessed using the incorrect information as provided, will cease and repayment of such fee assistance may be required to the school.

Parent / Carer (1)	Name..... Signature..... Date.....
Parent / Carer (2)	Name..... Signature..... Date.....

OFFICE USE ONLY

Date Application Received:	
Date Application Processed:	
Total Term Tuition:	
Total Term Bus Fees:	
Fee Assistance Approved by College per Term:	
Balance Responsibility of Parent/Carer:	
Business Manager	Signature..... Date.....