

MERICI COLLEGE
Application for Reduction of Fees

Confidential

DETAILS OF APPLICANTS

Name of Mother/Guardian _____			
Are you a single parent household YES/NO _____			
Residential Address _____ _____			
Home Ph _____		Mobile _____	
Occupation _____			
Employer _____			
Work Ph _____		Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/>	

Name of Father/Guardian _____			
Are you a single parent household YES/NO _____			
Residential Address _____ _____			
Home Ph _____		Mobile _____	
Occupation _____			
Employer _____			
Work Ph _____		Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/>	

DETAILS OF DEPENDANT CHILDREN

Name	Date of Birth	School	Year Group

I/We request a reduction in fees because of:

Low income Health/Disability Issues Unemployment/Redundancy

Other (Please specify in section 'Other Information').

If there is a payment arrangement with another school, please provide details:

Name of School _____ Fees per term _____

INCOME AND EXPENDITURE

<p><u>Wages for Mother/Guardian</u> \$ per fortnight</p> <p>Gross _____</p> <p>Tax _____</p> <p>Other Deductions (Please Specify) _____</p> <p align="center">Net wages _____</p> <p><u>Wages for Father/Guardian</u> \$ per fortnight</p> <p>Gross _____</p> <p>Tax _____</p> <p>Other Deductions (Please Specify) _____</p> <p align="center">Net wages _____</p> <p><u>Other Income / Benefits</u> \$ per fortnight</p> <p>Centrelink /Family Assistance _____</p> <p>Child Support _____</p> <p>Other _____</p> <p>TOTAL NET INCOME \$ _____</p> <p><u>Expenses</u> \$ per fortnight</p> <p>Childcare _____</p> <p>Medical Expenses _____</p> <p>Rent/Mortgage/Board _____</p> <p>Other extraordinary expenses _____</p> <p>(Please specify in section 'Other Information')</p>	<p><u>Assets – what you own</u> \$ estimated value</p> <p>House _____</p> <p>Vehicle/s _____</p> <p>Superannuation _____</p> <p>Investment Property _____</p> <p>Share Portfolio _____</p> <p>Investment Accounts _____</p> <p>Other – (Please specify) _____</p> <p>TOTAL ASSETS \$ _____</p> <p><u>Liabilities – what you owe</u> \$ estimated value</p> <p>Home Loan _____</p> <p>Car Loan _____</p> <p>Credit card/s _____</p> <p>Other loans _____</p> <p>Other debts– (Please specify) _____</p> <p>TOTAL LIABILITIES \$ _____</p> <p>NET ASSETS (Assets less liabilities) \$ _____</p>
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- We require copies of the listed documents (only those relevant to your financial situation).**
- | | |
|--|--|
| <input checked="" type="checkbox"/> Please tick | <input type="checkbox"/> Income statement from Centrelink/Family Assistance Office |
| <input type="checkbox"/> Rent receipt or bank/financial institution statement showing mortgage balance and minimum repayment | <input type="checkbox"/> Bank financial institution statement showing cash balances for the last 4 weeks |
| <input type="checkbox"/> Health Care Card or Pension Card | <input type="checkbox"/> Evidence of Child Support Payments |
| <input type="checkbox"/> Taxation return and Tax assessment statement for the last year | <input type="checkbox"/> Pay slips (the last four) |

Please contact us if you need help completing the form or if you require access to a photocopier.

If you are self-employed or a shareholder/director of a company that employs you, please contact us for details of the information we will require to allow us to assess your application.

We may require an interview to obtain further details to assess your application and we will get in touch with you if this becomes necessary.

COMMITMENT

Having completed this application and your budgeting process – in your mind what do you feel that you are able to pay on a weekly basis (52 weeks – 1st January to 31 December) towards your daughter's education at Merici College. Amount offered on a weekly basis \$_____.

DECLARATION

I/We declare and certify that all information contained in this Application is true and correct. I/We will immediately advise the school if my/our financial circumstances change so that the fees payable can be reassessed. I/ IWe acknowledge our commitment to paying the school fees, and understand that full fees will be due if an agreement with the school is not kept.

Name: _____ Name: _____

Signature _____ Signature _____

Date / / Date / /

Please ensure you have attached all of the required documents listed above so we can assess your Application.

