



**NAGLE**  
CATHOLIC  
COLLEGE  
EST 1994

**REQUEST FOR FINANCIAL ASSISTANCE – Special Circumstances**

**Private and Confidential**

**Details of Parent/Guardian**

Family Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (W) \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_ Phone: (M) \_\_\_\_\_

**Family Situation:**

Married/Separated/Divorced/Widow(er)/Other: \_\_\_\_\_

	Occupation	Employer	Hours worked per week
Father/Guardian:	_____	_____	_____
Mother/Guardian:	_____	_____	_____

Dependent Children	Age	School (if applicable)	Year	School Fees (per annum)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Do you hold any of the following concession cards? (Please tick):**

Pensioner Concession Card

Health Care Card

Veteran Affairs

Please outline your personal circumstances and the practical reasons that you would like considered, as part of your application.

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**Please include photocopies of the following:**

**Tick box to indicate attached**

Your most recent Tax Return and Notice of Assessment

Pay slip(s) or Statement of Earnings from Employer(s)

Centrelink Statement of Income and copy of Pension/Health Care Card

Please note that your application will be treated in the strictest confidence. You will be notified of the outcome of your application as soon as possible. I/We declare that the information provided in this document is a true and accurate record of my/our current financial and asset position.

**Signature:** Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_

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