**COVID-19 Fee Relief Application Form  
Marian College Ararat**

### Applicant Information

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| --- | --- |
| Applicant Name(s) |  |
| Fee Account Number |  |

### Impact of COVID-19

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| --- | --- |
| Please briefly outline the financial impact of COVID-19 on your employment or business. |  |
| Please indicate the period that your finances have been affected. |  |

### Fee Assistance Requested – Term2

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| --- | --- |
| Please select the type of assistance required | ☐ Deferral of fees for Term 2 1  ☐ No Fees for Term 2 2 |
| Do you need the school to suspend or reduce any Direct Debit / automatic payment plans already  in place? | ☐ Suspend until:\_\_/\_\_/2020 1(insert date)  ☐ Reduce to $\_\_\_\_\_\_\_\_\_weekly/monthly (insert amount)  *Direct Debits continue to be processed as per existing agreements unless otherwise requested by families* |
| Other |  |

1. *Families requesting for a deferral of fees will at any time be able to request for fee relief if their financial situation changes.*
2. *Fee relief will be granted on a term-by-term basis. Families granted fee relief for Term 2 will be contacted in Term 3 to ascertain if there has been a material change to their financial circumstances. Fee relief will continue to be provided to families in need.*

### Financial Assessment

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| --- | --- |
| Are you a Health Care Card holder? | ☐ Yes  ☐ No |
| If Yes, have you applied for the Camps, Sports and Excursions Fund (CSEF)? | ☐ Yes  ☐ No |
| Have you recently become eligible for government COVID19 support payments? | ☐ I already receive government support payments  ☐ No, I am not eligible  ☐ Yes, please provide type |

### Declaration

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| Declaration | I confirm that the information provided is true and complete. |
| Signature(s) |  |
| Date |  |