

SACRED HEART COLLEGE

APPLICATION FOR FINANCE ASSISTANCE (COVID-19)



Please complete this form and return it to either Champagnat Campus or Marcellin Campus Front Office or email accounts@shc.sa.edu.au

ENROLLED PARENTS/CAREGIVERS

PARENT/CAREGIVER 1

Surname	Given Name
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PARENT/CAREGIVER 2

Surname	Given Name
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CHILDREN ENROLLED AT SACRED HEART COLLEGE IN 2020

CHILD 1

Surname	Given Name	2020 Year Level
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CHILD 2

Surname	Given Name	2020 Year Level
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CHILD 3

Surname	Given Name	2020 Year Level
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CHILD 4

Surname	Given Name	2020 Year Level
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APPLICATION DETAILS

Please advise how COVID-19 has affected your family income. Where possible please attach copies of any letter from employer, notification of business shut down etc. to support your application.

PARENT/CAREGIVER 1

Signature

PARENT/CAREGIVER 2

Signature

OFFICE USE ONLY

Family ID	Total Tuition Fee \$
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Discount Applied \$

Approved	Date
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