



## Wollongong West Public School

Crown Street, West Wollongong, NSW 2500

Email: wollongwst-p.school@det.nsw.edu.au

Ph: 02 4229 2096 - Fax: 02 4226 5057

### Application for financial assistance

Name of Student \_\_\_\_\_ Class \_\_\_\_\_

Name of caregiver \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

I wish to make an application for financial assistance for the following school expenses:

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I need assistance for the following reasons:

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I would like to apply for the sum of \$ \_\_\_\_\_ towards the payments. I will make a payment of \$ \_\_\_\_\_ towards the expenses by \_\_\_\_\_ (insert date).

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### Approval for financial assistance

I approve assistance for \_\_\_\_\_ to the value of \_\_\_\_\_.

Signed \_\_\_\_\_

Date \_\_\_\_\_