



# 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:

---

---

---

---

I need assistance for the following reasons:

---

---

---

---

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

---

## Approval for financial assistance

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

Signed \_\_\_\_\_

Date \_\_\_\_\_