



Financial Hardship Application

This form is to be completed by prospective students who wish to apply for fee waiver, deferral of payment or payment by installment due to financial hardship. This application will be reviewed by the accountable officer based on individual circumstances and evidence of client's capacity to pay nominated fees for the duration of enrolment. All applications are subject to **Empyrean's Financial Arrangement** policy and procedure.

TO BE COMPLETED BY APPLICANTS

Applicant personal details	
Student Number	
Student First Name	
Student Last Name	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address	
Mobile:	Home Ph:
Email:	Fax:
Concession Details	
Concession type	
Case Officer Name	
Case Officer Details	Email:
	Contact Number:
Verification of hardship email	Case Officer to send details of client hardship. Received yes <input type="checkbox"/> or no <input type="checkbox"/>
Reasons for application Details Please explain the reasons for application due to financial hardship. (Reason MUST state why applicant cannot pay full nominated fee amount at time of enrolment)	

Signature of Applicant: _____ Date: ____/____/____

N.B* Case officers may be contacted to verify information provided.

OFFICE USE ONLY

Received by: _____ Signature: _____ Date received: ____/____/____

Approved Yes No Signature: _____ Date approved: ____/____/____