Hardship Payment Scheme

Semester 2, 2020 Application Form

This form must be submitted via email to enquiries@ecu.edu.au: Closing date TBA.

<table>
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<tr>
<th>STUDENT NUMBER:</th>
<th>COURSE:</th>
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<tr>
<td>STUDENT NAME:</td>
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ELIGIBILITY

To be considered for the temporary Hardship Payment Scheme you will need to meet the below requirements:

1. You cannot apply for the Hardship Payment Scheme if you are in your first semester of study at ECU.

2. You are expected to have made a significant contribution towards the outstanding balance of your tuition fees and provide independent supporting evidence that your financial hardship is temporary and beyond your control.

3. Independent supporting documentation must be from a relevant authority (e.g. doctor/psychologist, employer, government department) with your application. 'Independent' means it cannot be from your family or friends.

   The documentation is required to be in an official format (e.g. medical certificate or government documentation). If supporting documentation is from your employer or a medical practitioner, this must be on an official letterhead and display the ABN or provider registration/accreditation details, author's contact details, position and date of the document. Photographs should not be included as supporting documentation with your application and will not be considered as evidence.

4. Applications are considered on a case-by-case basis and submitting an application does not guarantee approval

SUMMARY OF REASON FOR APPLICATION (Detailed explanation can be attached)

Example: unexpected medical expenses

TERMS AND CONDITIONS

If your application is approved, your remaining fees must be paid in two equal instalments. The first instalment must be paid on or before 01 October 2020 and the second and final instalment on or before 01 November 2020.

Please declare the instalments you wish to be considered for in accordance with the above dates.

<table>
<thead>
<tr>
<th>First Instalment</th>
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<th>Date</th>
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<tbody>
<tr>
<td>Second Instalment</td>
<td>$</td>
<td>Date</td>
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I have read and accept the above Conditions and Eligibility Criteria. I understand that failure to make payment as outlined above may lead to cancellation of my enrolment.

SIGNATURE: ___________ DATE: ___________