



FORSTER CAMPUS

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ONE COLLEGE • THREE CAMPUSES • UNLIMITED OPPORTUNITIES

Student Assistance Application

Student Name: Year:

Your Name:

Address:

Telephone: (H).....(M)

The Principal
Great Lakes College Forster Campus
PO Box 688
FORSTER NSW 2428

I feel that my financial circumstances qualify my son/daughter for assistance because:

.....
.....

Pension No./Benefits Received

Amount applied for: \$ This will be to pay for

.....

Parent/Caregiver Signature Date:.....

Office Use Only

Previous Assistance Previous Payment Plan

Approved by Principal Principal's Signature Amount Approved

