

Community Assistance Programs Application Form

Full name: Date of birth:

Address:

Suburb: State: Postcode:

If you know which Community Assistance Program you are applying for, please select from the options below (leave blank if unsure).

Health (Tick Box)

- Optical
- Personal Health
- Ambulance Cover
- Dental
- Specialist Health
- Healthy Homes

Education, Sports, Music & Arts (Tick Box)

- Tuition Support
- Technology
- Music & Arts
- Uniforms
- Sports

Funeral & Memorial (Tick Box)

- Funeral Services
- Memorial
- Funeral Expenses

Business (Tick Box)

- Start-Up/Seed Fund
- Growth Fund
- Career Support

Lore & Culture (Tick Box)

- Lore
- Culture
- Sorry Business

Do you require travel assistance?

- Yes No

Have you attached your supporting documentation or invoice?

(Invoice/Quote MUST have relevant bank details or electronic payment information)

- Yes No

Are you an elder? (55 or over)

- Yes No

Signature of applicant: Date:

Administration Only Section:

- Confirmation of program
- Approved
- Declined
- Reason:
- Uploaded into AMS
- Forwarded to Fordham
- Confirmed receipt of application to applicant
- Notification of payment made to applicant