



BRIDGING COMMUNITIES APPLICATION FOR ASSISTANCE

Thank you for your enquiry. To submit an Application for Assistance, please answer the questions below. It is important that all questions are completed. If you have any queries, please contact us via mail@bridgingcommunities.org.au Upon completion, please submit your application via email or post to PO 634 Harvey, WA, 6220

| | | |
|--|--------|-------|
| Date | | |
| 1. APPLICANTS DETAILS | | |
| Your full name | | |
| Daytime Phone | Mobile | Email |
| Home Address | | |
| 2. ASSISTANCE DETAILS | | |
| 2.1 Briefly explain the background and reason for your request and who will benefit. | | |
| | | |

2.2 What are you specifically seeking assistance for? (ie goods or services)

3. FINANCE DETAILS

| | |
|--|--|
| Total budget required to meet support needs (if known) | \$ Value requested from Bridging Communities |
|--|--|

Itemise assistance expenses if known

4. REQUEST DETAILS

| | |
|--------------------------|------------------------------------|
| Date Assistance Required | Length of time assistance required |
|--------------------------|------------------------------------|

Please attach supporting documentation (Doctors Report, Quote, etc)

Who else have you applied to for this assistance and what was the outcome

5. ACKNOWLEDGEMENT

5.1 How do you propose to acknowledge the assistance received from Bridging Communities if successful ?

5.2 How did you hear about Bridging Communities ?

5.3 Is there any other information you would like to share with Bridging Communities in support of this application?

6. DECLARATION

I declare that the information provided to Bridging Communities in this application for assistance is complete and accurate. I acknowledge that any false or misleading information provided in this application may result in action being taken to recover the cost of any assistance given whereupon costs will be borne by the applicant.

.....
Signature of Applicant

.....
Date