# **BURSARY APPLICATION FORM**

**EVENT: Towards a Better Life SRV – Workshop 24 & 25 March 2020**

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| *Please note: Due to limited funds Belonging Matters will give preference to People with a Disability and families living within Victoria. Your application must be returned to our office as quickly as possible for our consideration.*  *Email:* [*info@belongingmatters.org*](mailto:info@belongingmatters.org) *| Fax: 03 9739 8333 | Further Info phone: 03 9739.8333* |

|  |  |
| --- | --- |
| FIRST NAME | SURNAME |
|  |  |

|  |  |
| --- | --- |
| INTEREST eg. Person with a Disability, Family | ORGANISATION NAME (if associated) |
|  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| POSTAL ADDRESS: | | | | | | | | |
| NUMBER | | STREET/ROAD | | | | TOWN/SUBURB | | |
| STATE | | | | COUNTRY | | | POSTCODE | |
| PHONE WORK | | | PHONE HOME | | MOBILE | | |
|  | | |  | |  | | |
| EMAIL |  | | | | | | | |

|  |  |
| --- | --- |
| Why are you applying? (please provide details) | |
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| □ I have tried to access funding from another agency or CareLink | Please explain |
|  | |
| I would like some financial assistance with: | |
| □ Ticket Price |  |
| □ Travel | Please explain |
| □ Accommodation | Please explain |
| □ Other | Please explain |
|  | |
| I am able to contribute something towards my registration: | |
| □ Money | Amount : AUS $ |
|  | |
| □ I would like to bring someone to assist with personal care | Companion Card number |