# **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* *| Fax: 03 9739 8333 | Further Info phone: 03 9739.8333* |

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

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

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

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| Why are you applying? (please provide details) |
|  |
| □ 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 |