

Contact: Frank Hall-Bentick Chairperson

335 Clarendon Street Thornbury Victoria 3071

Tel: 0421 865 604 Email: info@adipef.org.au

A Sub-fund of the Australian Communities Foundation

**Application Form**

**Applicants’ Personal details**

**Family name** ………………………………… **First name** ………………………. **Age** ……..

**Address** …………………………………… **Town** ………………………. **Postcode** …………

**Postal address** (if different) ………………………………………………………………………

**Tel** ………………………. **Mob** ………………………. **Email** …………………………….

**Application for;**

**Person with Disability** (tick)**Indigenous Person with Disability** (tick)

**Description of Disability and Education or Learning Assistance needed.**

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**How will this Assistance help you to achieve your goals?**

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**Amount needed $** ……………………………..

**Have you requested funding assistance from elsewhere? Who? How much? When will you know?**

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**Your Signature** ……………………………………………… **Date** ……………………………

**Has someone help you complete this form? Who? Relationship? Telephone?**

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**Please attach any additional information.**



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**Application Form**

**Please provide references from two community and/or family members**

**1st Referee details**

**Family name** ………………………………… **First name** ……………………….

**Address** …………………………………… **Town** ………………………. **Postcode** …………

**Tel** ………………………. **Mob** ………………………. **Email** …………………………….

**Description of relationship and reason assistance should be granted.**

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**Their Signature** ……………………………………………… **Date** ……………………………



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**Application Form**

**Please provide references from two community and family members**

**2nd Referee details**

**Family name** ………………………………… **First name** ……………………….

**Address** …………………………………… **Town** ………………………. **Postcode** …………

**Tel** ………………………. **Mob** ………………………. **Email** …………………………….

**Description of relationship and reason assistance should be granted.**

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**Their Signature** ……………………………………………… **Date** ……………………………