



Application for assistance

Applicant details:

(email to: assistance@wacrnbc.com.au)

Surname: _____ First Name: _____ DOB: _____

Residential address: _____

Phone: _____ Email: _____

Trust assistance category:

- | | |
|---|--|
| <input type="checkbox"/> Hardship (Required to state why in Hardship) | |
| <input type="checkbox"/> Elder Payment | <input type="checkbox"/> Education Grant Program |
| <input type="checkbox"/> Healthy Living | <input type="checkbox"/> Country and culture |
| <input type="checkbox"/> Funeral Travel | <input type="checkbox"/> Schooling Requirements Assistance |
| <input type="checkbox"/> Critically Ill Medical | <input type="checkbox"/> Medical Assistance |

Purpose for Application (Please Provide Details):

Check list (please tick):

- | | |
|--|---|
| <input type="checkbox"/> Application is signed | <input type="checkbox"/> Quote / Invoice Attached |
|--|---|

Applicant signature: _____ Date: _____

Application outcome (Executive Office use only):

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Endorsed | <input type="checkbox"/> Not endorsed |
|-----------------------------------|---------------------------------------|

Advisory Trustee: _____ Date: _____