



## BMC Individual Grant Application

This form is to be completed by a the grant applicant

### Section 1: Applicant details

First Name  Last Name

Is the applicant an Australian Citizen?  Date of Birth   
Please provide a copy of your birth certificate,  
Australian Passport or Medicare Card

Street

Suburb

State  Post Code

Signed  Date

Phone (H)  Phone (M)

E-mail:

Number of dependents <18 years (if any)  Ages

### Section 2: Assistance

Description of Disability:

Assistance Required:

### Section 3: Financial Details – Estimate net monthly figures

Have you previously received assistance from the BMC? Yes  No

*If Yes, give details*

Have you approached other sources for financial assistance? Yes  No

*If Yes, give details*

Please print and post hard copy to: Grants Committee PO Box 7007 Telarah NSW 2320 or  
complete and email to: leisuretribe@gmail.com