



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 750 Griffith NSW 2680