



Aussie Kidz Charity

Grant Application

Aussie Kidz Charity Ltd
ABN 44 091 204 705

PO Box 2476
Fortitude Valley BC
Queensland 4006

grants@aussiekidzcharity.org.au
www.aussiekidzcharity.org.au

Date of application: ____/____/____

Applicant: _____

Parents: _____ Age: _____ Occupation: _____

Address: _____ Age: _____ Occupation: _____

Phone: _____

Fax: _____

Mobile: _____

Email: _____

Other Children in family (names and age): _____

Describe disability and/or disadvantage/s to be addressed by this grant:

Provide details of the nature of the grant you are requesting and the reasons for making the request:

Please give details if known of supplier and approximate cost of grant: (attach quotes if available)

Have you applied to any other institutions for a grant? Yes/no If yes please give details

1. Applied to _____ Date: ____/____/____ Result: _____

2. Applied to _____ Date: ____/____/____ Result: _____

Please list the names and contact details for any doctors or other professionals who can verify you circumstances: (attach copies of all correspondence relevant to this case)

Name	Occupation	Contact number
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____



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Grant Application (continued)

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Please complete the following as at current date, list the name of your accountant and their contact details

Your accountant's name/name of accountants business/ tax agent _____

Address: _____ Phone _____

_____ Fax _____

Contact name _____ Mobile _____

Assets

Cash assets

Bank accounts \$ _____

Savings accounts \$ _____

Other (term deposits etc.) \$ _____

House property \$ _____

Other property \$ _____

Car: make/model \$ _____

Car: make/model \$ _____

Caravan/boot \$ _____

Furniture, household effects insured value \$ _____

Shares, bonds, investments, trusts etc. \$ _____

Other assets (please list) _____

Total assets \$ _____

Income

Base salary (permanent employment) Av. Monthly

Self _____ Gross \$ _____ Net \$ _____

Spouse _____ Gross \$ _____ Net \$ _____

Regular overtime \$ _____

Commission/allowances \$ _____

Additional part time/ casual employment \$ _____

Interest/dividends \$ _____

Govt. Benefits & pension \$ _____

Other (please list) _____

_____ \$ _____

_____ \$ _____

Liabilities

Loans

Overdrafts limit(s) \$ _____ Owing \$ _____

Mortgages \$ _____

Investment loans \$ _____

Other loans \$ _____

Credit cards- Limit(s) \$ _____

Leases (boat, car, etc) \$ _____

Hire purchase \$ _____

Other Liabilities \$ _____

Tax \$ _____

Other (please specify) \$ _____

Total Liabilities \$ _____

Expenditure

Credit Commitments Av. Monthly

Loans \$ _____

Credit/ store cards \$ _____

Hire purchase/lease payments \$ _____

Rent/board \$ _____

Rates- Council & water \$ _____

Fuel, light, power etc \$ _____

Car (registration, insurance &

Operating) \$ _____

Education Expenses \$ _____

Living (food, clothing & personal) \$ _____

Insurance- Life, disability etc. \$ _____

Other- list e.g. medical benefits _____

_____ \$ _____



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I/we declare that the information given on this form is true and correct. We authorise Aussie Kidz to make any enquiries which Aussie Kidz consider necessary of the financial, medical and health professionals listed here on or any other persons that Aussie Kidz believe is necessary to consider this application. I have attached a photo of the applicant, which you may use on your website and other AKC communication- Aussie Kidz will ensure at all times that adequate care is taken with use in any communication.

I make this solemn declaration by virtue of the Statutory Declaration Act 1959 as amended and subject to the penalties by that Act for the making false statements in Statutory Declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

Applicant signature _____

Applicant signature _____

Name _____

Name _____

As this is a Statutory Declaration, the following can only be witnessed by an appropriate person (ie. Justice of the Peace or Commission for Declarations)

Witness signature (JP/C.Dec) _____

Name of Witness _____

Address of Witness _____

Date ___/___/___

When completed, please post to Aussie Kidz Charity Limited, PO Box 2476 Fortitude Valley Business Centre Qld 4006.

Please supply jpeg file photograph of the child for whom the grant is sought. This jpeg file can be sent to

grants@aussiekidzcharity.org.au by signing the above statutory declaration; you give permission to Aussie Kidz Charity

Ltd to use your image in promotional materials, presentations and their website.