

Grant Application

Date of Application: ___ / ___ / ___

Applicant: _____

DOB: _____

Parents: _____

Age: _____

Occupation: _____

Age: _____

Occupation: _____

Address: _____

Phone: _____

Fax: _____

Mobile: _____

Email: _____

Other Children in the Family (Names and Ages): _____

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. Institution: _____ Date: ___ / ___ / ___ Result: \$ _____

2. Institution: _____ Date: ___ / ___ / ___ Result: \$ _____

3. Institution: _____ Date: ___ / ___ / ___ Result: \$ _____

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

	Name	Occupation	Contact Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Grant Application

Please complete the following. As at current date, list the name of your Accountant and his contact details.

Accountant's name / name of Accountant's 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 / Boat	\$ _____
Furniture, household effects (Insured value)	\$ _____
Shares, bonds, investments, trusts etc.	\$ _____
Other Assets (Please List)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Assets	\$ _____

Liabilities

Loans Owing	\$ _____
Overdrafts Limit (s)	\$ _____
Mortgages	\$ _____
Investment Loans	\$ _____
Other Loans	\$ _____
Credit Cards Limit (s)	\$ _____
Leases (Boat, Car, etc)	\$ _____
Hire Purchase	\$ _____
Other Liabilities:	
Tax	\$ _____
Other (Please Specify)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Liabilities	\$ _____

Income

Base Salary (Permanent Employment):	Av Monthly
Self: Gross \$ _____ Net \$ _____	\$ _____
Spouse: Gross \$ _____ Net \$ _____	\$ _____
Regular Overtime	\$ _____
Commission / Allowances	\$ _____
Additional Part-Time / Casual Employment	\$ _____
Interest / Dividends	\$ _____
Government Benefits & Pension	\$ _____
Other (Please List)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Expenditure

Credit Commitments:	Av Monthly
Loans	\$ _____
Credit / Store Cards	\$ _____
Hire purchase / Lease payment	\$ _____
Rent / Board	\$ _____
Rates – Council & Water	\$ _____
Fuel, light, power etc.	\$ _____
Car (Registration, Insurance & Operation)	\$ _____
Education Expenses	\$ _____
Living (Food, Clothing & Personal)	
Insurance (Life, Disability etc)	\$ _____
Other (Please List) (e.g. Medical Benefits)	\$ _____
_____	\$ _____
_____	\$ _____



Aussie Kidz Charity Ltd.
ABN 44 091 204 705

4/53 Southgate Avenue
Cannon Hill, Queensland 4170

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

Grant Application

I / We declare that the information given on this form is true and correct. We authorise Aussie Kidz Charity Ltd. (Aussie Kidz) to make any inquiries 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 Aussie Kidz communication. Aussie Kidz will always ensure 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 of 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 (i.e. Justice of Peace or Commissioner for Declarations).

Signature of Witness (JP / C. Dec): _____
Name of Witness: _____
Address of Witness: _____

Date: ___ / ___ / ___

When completed, please post to:

Aussie Kidz Charity Ltd.
4 / 53 Southgate Avenue
Cannon Hill QLD 4170

Or Email to: grants@aussiekidzcharity.org.au

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.