ANGLICAN PARISH OF SWAN HILL

BEV AND ROBIN POOLE TRUST

APPLICATION FORM

All given information will be treated as strictly confidential.

Full Name of Applicant:

Date of Birth:

Address:

Telephone Number:

School Attended:

Grade or School Year Completed:

**FAMILY MEMBERS:**

Mother’s Name:

Occupation:

Father’s Name:

Occupation:

Sibling’s Names and Ages:

**FAMILY INCOME:**

Salary/wages

Pension Benefit

Family Allowance

Family Income Supplement

Carer’s Allowance

Other Income (e.g. Maintenance, Investments)

Approximate Weekly Value:

Any Further Details (e.g. instability of income, unemployment)

Is the Candidate eligible for Youth Allowance? Yes/No

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**FAMILY SITUATION** (e.g. details of significant events, past or present hardships).

**CANDIDATE’S BACKGROUND** (Can include hobbies, interests, sports played, talents or problems or any other detail considered necessary to give an overall picture).

**HEALTH REPORT** (Include any disabilities or handicaps).

**SPECIFIC PURPOSE WHICH AWARD WOULD BE USED**.

**ANTICIPATED COST**

**TIME SCHEDULE OF PROJECT** (IF APPLICABLE)

(Note – Awards are made on a yearly basis and ongoing funding cannot be guaranteed).

Signature (Parent, Guardian or Nominator)

Date

Contact Telephone Number if Guardian or Nominator