



**MANDANDANJI ASSISTANCE FUND
2017.18 APPLICATION FORM**

All Applications Forms must be received by the Company Secretary one week prior to the scheduled Board Meeting to be considered by the Board of Mandandanji Limited.

Applications can be mailed or emailed to: Company Secretary

PO Box 706

Roma QLD 4455

Email: admin@mandandanji.com.au

APPLICANT

Name: _____

Address: _____

Email: _____

Telephone number: _____

I am a Member of Mandandanji Limited and descendant of:

Member no. _____

I am **NOT** a member *, I am the parent or guardian of a person/person under 18years who are Mandandanji people.

(Please list the names of the Mandandanji descendants in your care.)

1. _____

2. _____

3. _____

***NOTE: Mandandanji Assistance Fund & Mandandanji Business Fund are only open to members & direct descendants of members <18years.**

I NEED HELP WITH....

Funeral Fund (payments only made to a Funeral Director)

Did the deceased have a funeral fund YES _____ NO _____

IF YES will the fund meet all costs YES _____ NO _____

Have you received financial support from any other source?

Sporting

Cultural

Education Primary Secondary Tertiary Scholarship *(*please complete extra form)*

Medical Equipment

Community Support

I want to pay for: *(tell us a story of what you will be using the money for)*



To support my application, I am providing the following information:

- Invoices/Quotes (from Company)
- Receipts (if you have paid already)
- Information demonstrating that I have children in my care who are Mandandanji descendants (ie: health care card; Medicare card; school enrolment details)
- Other information demonstrating that I have to pay costs or make purchases (ie: school newsletters; sporting club letters; enrolment forms)

AMOUNT

I am applying for \$

PAYMENT DETAILS

Reimbursement* to Me

Pay to A Company

Account Name: _____

Company Name: _____

Bank Name: _____

Bank Name: _____

BSB: _____

BSB: _____

Account Number: _____

Account Number: _____

** I understand that funds can only be paid directly to me if I have provided legible receipts related to the application and not more than 6 months old.*

DECLARATION

I understand and acknowledge;

Mandandanji Limited Board can choose to make a partial contribution

I have read the Mandandanji Assistance Fund guidelines and agree to follow them.

If I haven't given enough information, I will be asked for more details

I have filled out this application form completely and provided all relevant information.

My contact details will be added to the Mandandanji member register and I will receive information about Mandandanji activity including e-newsletters and notification of the AGM

I have provided true and correct information.

Applicant's Signature: _____

Date: _____