

School Support Funding Application

** Before filling out this application, you must read the guidelines document.*

Applicant _____


Agency & Office Location _____

Phone No _____ Email _____

Child's Name _____ Age _____

Primary School Secondary School Male Female Indigenous Yes/No

Are funds from other programs available to meet the child's needs? No Yes

Please explain why you are applying for LMHN funding 

School Program Needs

- | | | | |
|------------------------------------|--|---|--|
| <input type="checkbox"/> Uniform | <input type="checkbox"/> Fees | <input type="checkbox"/> Sports Uniform | <input type="checkbox"/> Sports Activity |
| <input type="checkbox"/> Materials | <input type="checkbox"/> Transport | <input type="checkbox"/> Lunch | <input type="checkbox"/> Excursion |
| <input type="checkbox"/> Camp | <input type="checkbox"/> Tuition | <input type="checkbox"/> Recreation Prog. | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Ipad | <input type="checkbox"/> State School Relief Gap | | |

Other _____

Total Funding \$ _____ Payable to _____

BSB # _____ Account # _____

Reference for EFT _____

Recipient details for cheque _____

Signature _____ Date _____

** Please attach an invoice with child's name included to ensure prompt payment.*