

# School Support Funding Application

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

Applicant (worker) \_\_\_\_\_


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.*