



Contact: Frank Hall-Bentick Chairperson
Unit 4, 65 York Street, Richmond Victoria 3121
Tel: 03 9429 4210 Email: info@adipef.org.au
A Sub-fund of the Melbourne Community Foundation

Application Form

Applicants' Personal details

Family name First name Age

Address Town Postcode

Postal address (if different)

Tel Mob Email

Application for;

Person with Disability (tick) Indigenous Person with Disability (tick)

Description of Education or Learning Assistance needed.

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Australian Disability and Indigenous Peoples' Education Fund
A Sub-fund of the Melbourne Community Foundation
www.melbournecf.org.au

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www.tiwiart.com



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Applicants Personal details

How will this Assistance help you to achieve your goals?

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Amount needed \$

Have you requested funding assistance from elsewhere? Who? How much? When will you know?

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.....

Your Signature Date

Has someone help you complete this form? Who? Relationship? Telephone?

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Please attach any additional information.

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Please provide references from two community and family members

2nd Referee details

Family name **First name**

Address **Town** **Postcode**

Tel **Mob** **Email**

Description of relationship and reason assistance should be granted.

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Their Signature **Date**

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