



APPLICATION FOR FINANCIAL ASSISTANCE FOR TRAVEL SUBSIDY

Name of Applicant:

LAST NAME

FIRST NAME

Date of Birth:

MONTH

DAY

YEAR

Address:

STREET ADDRESS

CITY / TOWN

STATE

POSTCODE

Telephone Number:

DAYTIME NUMBER

MOBILE

Email Address:

Bank Details:

ACCOUNT NAME

BSB

ACCOUNT NUMBER

Medical Confirmation of Wolf-Hirschhorn Diagnosis attached.

Proof of Australian Citizenship attached (eg. Birth Certificate or Proof of Residency).

Please Note: If Medical Diagnosis and proof or citizenship already provided please disregard.

Parent / Guardian:

LAST NAME

FIRST NAME

Relationship to Applicant:

Equipment and/or Services requested:

Contribution to travel and accommodation expenses WHS Conference 2019

How will this benefit the Applicant?

Not Applicable

- NSW RESIDENT up to \$500 \$
- QLD/VIC/NT/SA/WA/TAS/ACT up to \$1000 \$

CERTIFICATION

I acknowledge that I have read the *Help Kids Like Nick Guidelines for Funding* and certify that the information provided in this Application is true, correct and complete to the best of my ability.

Parent / Guardian:

PRINT NAME

SIGNATURE

DATE