



APPLICATION FOR FINANCIAL ASSISTANCE

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

Please confirm and attach proof – if not previously provided:

Medical Confirmation of Wolf-Hirschhorn Diagnosis attached.

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

Proof has been previously provided.

Parent / Guardian:

LAST NAME

FIRST NAME

Relationship to Applicant:

Total funding required: \$1,000.00

I confirm that I have been affected by Covid 19 and am eligible to apply.

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