



Contact: Annette Rooke, Chairperson  
Mail: PO Box 1988, Mandurah, WA 6210  
Mobile: 0458 112 258      Email: arooke@fcaus.com.au

# Application Form

## APPLICANT'S PERSONAL DETAILS

Family name ..... First name ..... Age .....

Address ..... Town ..... Postcode .....

Postal address (if different) .....

Best contact phone number ..... Email .....

If under 18 – Parent/Guardian's name.....

Non-indigenous person with disability  Indigenous person with disability

Description of disability and education or learning assistance needed.

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....



Contact: Annette Rooke, Chairperson  
Mail: PO Box 1988, Mandurah, WA 6210  
Mobile: 0458 112 258      Email: arooke@fcaus.com.au

**How will this assistance help you to achieve your goals?**

.....  
.....  
.....  
.....  
.....

**Amount requested? \$** .....

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

.....  
.....  
.....

**Your signature** ..... **Date** .....

**Has someone helped you complete this form? Who? Relationship? Telephone?**

.....

**Please attach any additional information.**



Contact: Annette Rooke, Chairperson  
Mail: PO Box 1988, Mandurah, WA 6210  
Mobile: 0458 112 258      Email: arooke@fcaus.com.au

**Please provide references from two community and/or family members**

**1<sup>st</sup> referee details**

**Family name** ..... **First name** .....

**Address** ..... **Town** ..... **Postcode** .....

**Best contact phone number** .... **Email** .....

**Description of relationship and reason assistance should be granted.**

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

**1<sup>st</sup> referee signature** ..... **Date** .....



**Frank Hall-Bentick  
Education Fund**

Contact: Annette Rooke, Chairperson  
Mail: PO Box 1988, Mandurah, WA 6210  
Mobile: 0458 112 258      Email: arooke@fcaus.com.au

**2<sup>nd</sup> referee details**

**Family name** ..... **First name** .....

**Address** ..... **Town** ..... **Postcode** .....

**Best contact phone number** ..... **Email** .....

**Description of relationship and reason assistance should be granted.**

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

**2<sup>nd</sup> referee signature** ..... **Date** .....