



BENEVOLENT SOCIETY

EST 1849

BILL COSSEY GRANTS PROGRAM

APPLICATION FORM

| Referring Agency Details* <i>(*Applications from individuals will NOT be accepted)</i> | |
|---|--|
| Organisation name: | |
| Name of support worker / financial counsellor: | |
| Phone: | |
| Email: | |
| Does the organisation named above have a financial assistance program? YES <input type="checkbox"/> NO <input type="checkbox"/> | |

| Nominee Details | | | |
|-------------------------|--|------------|-----------|
| Full Name: | | Title: | Mr/Ms/Mrs |
| Current Postal Address: | | | |
| | | Post Code: | |
| Date of Birth: | | | |
| Email: | | | |

| Application Checklist | |
|---|--|
| Please ensure you have attached all material request below. <u>Incomplete applications will not be assessed.</u> | |
| 1. Support letter from the referring agency | <input type="checkbox"/> |
| 2. Fortnightly Financial Budget (include debts owed) | <input type="checkbox"/> |
| 3. Evidence of the funds needed (i.e. quote or invoice with EFT/BPAY bank details of where money is to be transferred) | <input type="checkbox"/> |
| 4. Proof of income for all persons in the household over 16 years of age | <input type="checkbox"/> |
| 5. Have you also applied to other agency/s for this funding | YES <input type="checkbox"/> NO <input type="checkbox"/> |

Please send completed applications to

Email: finance@adelaide.org.au

Phone: 08 8231 5321

Website: www.adelaide.org.au