

# Application for Assistance



- PO BOX 298 • GOOLWA • SA • 5214 •
- E-Mail: [apply@fleurieu-philanthropy.org](mailto:apply@fleurieu-philanthropy.org) • Web: [www.fleurieu-philanthropy.org](http://www.fleurieu-philanthropy.org)

We invite you to submit this application for financial assistance to participate in an existing Fleurieu Philanthropy Foundation sponsored event. Fleurieu Philanthropy Foundation supports Autism community, programs and projects on the Fleurieu. All other applications go to the Fleurieu Philanthropy Foundation website.

In order to process this application quickly, we ask for all fields on this application must be filled in and legible. One referral letter or any report from a health professional stating that your child has ASD or ASD like symptoms or other disability. If you do not have a diagnosis or documented evidence we will still look at your application.

All requests are assessed on a case-by-case basis. Application can be submitted via Email or Post.

Date of application	Project/Program Name	Date of event

## Guardian/s contact details:

	Title	First Name	Last Name	Phone
1				
<b>Email address:</b>				
2				
<b>Email address:</b>				

## Applicant Details:

Child	First Name	Last Name	Age	Reason for assistance (ASD, Hardship, other specify)	NDIS Y/N, NA	Date diagnosed
1						
Child	First Name	Last Name				
2						