Medical / Cultural / Education Application Form



1	AM-YAC Member Name 2 C	Pate of Birth
₿	Mobile Number 4	mail Address
6	Home/Postal Address	low do you prefer to be contacted?
D	Are you applying for:	
	□ Medical □ Cultural □ Education	
	For scholarships, use the scholarship application form	or funerals, use the funeral application form
	For emergency hardship, use the emergency	hardship application form
8	If the person requiring assistance is not an AM-YAC member (child or relative) what is their name and relation to the AM-YAC member applying for assistance?	
9	Assistance Request Details?	
10	 Important please read below for requirements for your application Medical – attach your appointment note or letter and your PATS Application. Cultural – briefly explain the cultural activity (to the extent that you can) and list the members attending this event. Education – this is for costs which fall outside the scholarship program. If it can be applied for as a scholarship, it will not be funded from this program. 	
1	I confirm I have attached the required information as requested above . I declare that the above details are true and correct. I agree that I have sought reimbursement from the PATS scheme and any money received from the PATS scheme is to be reimbursed to the AMYAC Trust. I agree to the information in this form being shared with the Advisory Council members of the AM-YAC Charitable Trust if required for the application approval process.	
	Signed Dat	e

Please send completed form and documents to:

Fax: (08) 8363 3939