Cultural / Education Application Form



AM-YAC Member Name	2 Date of Birth
Mobile Number	Email Address
Home/Postal Address	 G How do you prefer to be contacted? □ Phone □ Email □ Post
Are you applying for: Education Cultural	
For scholarships, use the scholarship application form For medical, use the medical application form	For funerals, use the funeral application form For emergency hardship, use the emergency hardship application form
If the person requiring assistance is not an AM-YAC member YAC member applying for assistance?	er (child or relative) what is their name and relation to the AM-
Assistance Request Details?	
	nnlication
Important please read below for requirements for your a	ppication
Cultural – briefly explain the cultural activity (to the extent	

Signed		Date				
Please send completed form and documents to:						
Email:	trust@amyac.com.au	Fax:	(08) 8363 3939			

Culture and Heritage Program – Application

Member Name:

Have you spoken to an AMYAC Director regarding your application? If so, who did you speak with? Please note, all applications are subject to consideration by the Culture Subcommittee.

Where are you starting your travel from?

What destination are you planning to travel to? This information is required so the Executive Office can plan for the stores and fuel stations for your trip.

Please list Members travelling (please attach a separate page if you need more room):

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Adults:

Children:

Proposed Budget

Include a detailed list in the table below of proposed expenses and costs, eg: food, fuel, first aid kit, camping gear (if needed). Please provide as much detail as possible.

EXPENSES (items required)	COST (Estimate or Actual)

What is the total cost of support you are requesting?

Travel Plans

Dates	From	То	Distance (km)

Number of vehicles required and who will be driving: