

Application Form

Who are you?

Name

Contact Person

Address

Email Address

Phone Contact

What do you do? (Description of services/Organisation purpose or mission)

Are you a...

Volunteer Organisation

Registered Charity

School/Education Provider

Community Group

Business

Medical Support Services

Other

Amount of funding required

\$

What are you seeking funding for?

How does this project benefit the community?

Any other relevant information?

CERTIFICATION

I certify that to the best of my knowledge, the statements made in this application are true and correct.

Full name:

Signature:

Date:

Please post completed application form to:

Community Grants Assessment Panel
Cheltenham Pharmacy First
274 Charman Rd
Cheltenham VIC 3192

If you have any inquiries, please contact the pharmacy on 9583 2352.