

# APPLICATION FORM

## "The Edge" Community Fund

ABN: 67 660 149 181

### PART A: ORGANISATIONAL DETAILS:

<b>ORGANISATION:</b>	<b>ABN:</b>	
<b>ADDRESS:</b>	<b>POSTCODE:</b>	
<b>TELEPHONE:</b>	<b>FAX:</b>	<b>EMAIL:</b>
<b>CONTACT PERSON:</b>	<b>POSITION:</b>	
ARE YOU AN INCORPORATED ASSOCIATION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE YOU A NOT FOR PROFIT ORGANISATION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE YOU A COMMUNITY ORGANISATION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

(Attach further details as necessary)

**Please Note: All applications must be sent electronically to [edgefund@craigfc.org.au](mailto:edgefund@craigfc.org.au) and must have been completed according to the application guidelines.**

### PART B: APPLICATION DETAILS:

1. Name of young person:	Age:	
2. Is family or guardian a Health Care Card / Concession Card Holder/ Asylum Seeker Family	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Does the young person live or go to school/community organization/organized children's program or activity in Ashburton, Ashwood, Chadstone and surrounds	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Address:	Postcode:	
Suburb:		
5. School/community organisation attended:		
6. Request (what activity do you want The Edge to fund? What period of time does the activity run for?)		
7. Can the activity be readily funded from another source?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
7A <b>Government school applicants:</b> Did you receive a payment from the Victorian Government Camps, Sports and Excursions Fund (CSEF) for this student this year?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
How much of the CSEF payment is being allocated to this activity?	<input type="text"/>	(or CSEF funds have already been allocated to another activity Yes: <input type="checkbox"/> No: <input type="checkbox"/> )
8. What is the total cost of the activity?		
9. Has the family some capacity to contribute financially?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
10. What amount can the family contribute?		
11. Exactly what amount is being sought from the Edge?		

# APPLICATION FORM

"The Edge" Community Fund

ABN: 67 660 149 181

## OFFICE USE ONLY

Date application received:
Application Number:
Application accepted: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Date:
If no, reasons why application denied:
<b>ASSISTANCE DETAILS</b>
\$ Amount of assistance:
Confirmed CSEF allocated <input type="text"/> (Government schools only)
Purpose:
Period of assistance:
Financial contribution from family:
<b>EVALUATION</b>
Funding Evaluation received:

## PAYMENT DETAILS:

If advised your application has been successful, please make an invoice for the grant amount to:

"The Edge" Community Fund  
7 Samarinda Avenue, Ashburton, 3147