

Application for Emergency Contribution TO THE EWAMIAN PEOPLE CHARITABLE TRUST

Individual Applicant only Ewamian People Aboriginal Corporation (EPAC) Member
EPAC Member Name: _____ Ewamian Family Group: _____ Address: _____ If applying for funding for a child, please place the child's name here: _____

Eligibility Criteria

**Note: Your application will not be assessed until all criteria and required documentation is provided*

Type of Application	Requirements for Applicants	Yes/No
ALL APPLICATIONS	Must be a Ewamian Common Law Holder (Evidence required if not a Member of Ewamian People Aboriginal Corporation RNTBC) (The PBC)	
Family Emergency Assistance	Proof of Address (Centrelink or other ID eg. Phone bill)	
Individual Emergency Assistance	Proof of Address (Centrelink or other ID eg. Phone bill)	
General Household Assistance	Centrelink ID, proof of medical or other assistance required	
Elders' Assistance	Proof of Address (Centrelink or other ID eg. Phone bill), evidence of assistance sought eg. Electricity bill	
Funeral Assistance	Proof of funeral date, invoice from funeral home or other funeral expense (eg. Caterer) <i>(applicant must be direct family member of deceased)</i>	
Education/Sporting Assistance	Evidence for assistance sought (eg. Invoice, school camp details, sporting event details etc)	

Reason Emergency Contribution is requested

Why are you applying for assistance?
(Provide a brief explanation – up to 50 words)

How much?

How much are you asking is paid as an Emergency Contribution
<i>If you application is for food the Trustee will provide a Coles Voucher only</i>

How much?

How much are you asking is paid as an Emergency Contribution			
\$50.00	\$100.00	\$250.00	Other:

Who do you want the Emergency Contribution to be paid to?

Emergency Contributions will be paid to third parties (eg. Funeral home, school etc) on provision of a tax invoice, or reimbursed to you on provision of a receipt and tax invoice.
Please state below who the Emergency Contribution should be paid to.

Name:

Phone number:

Invoice number:

Please return the completed application form to:

Ewamian People Charitable Trust
c/- Ewamian Limited
9A Hort Street, Mareeba, QLD
By email: admin@ewamian.com.au

Applicant Declaration

I submit this application for an Emergency Contribution and certify:

- *I meet the eligibility criteria.*
- *The statements in this application are true to the best of my knowledge.*
- *I acknowledge that this application will be subject to available funding and the Ewamian Financial Assistance Policy which limits the amount of payments as follows.*
 - *Funeral Assistance to a maximum of \$500 (for direct funeral assistance or wake/catering expenses);*
 - *Financial Assistance for Families (maximum \$100), Singles (maximum \$50) with a maximum of two applications each six month per household*
 - *General Household assistance up to a maximum of \$250 with a maximum of two applications each six months*
 - *Elders' Assistance up to a maximum of \$250 with a maximum of two applications each six months*
 - *Education assistance (assessed on a case by case basis) including cultural and sporting scholarships/representations*

Signature: _____

Name: _____

Date: _____

Office Use Only

Approved / Not Approved

Signed: Two Directors of the Trustee who do not have a conflict of interest:

Name and signature: _____ Date: _____

Name and signature: _____
Date: _____

OR

General Manager of Ewamian Limited who does not have a conflict of interest:

Name and signature: _____
Date: _____