

Name of individual						
Member since Membership Number						
Contact details Contact name for member						
Postal address						
Telephone	Mobile					
Email						
Please tick the appropriate boxes	;					
Registered for GST			Yes		No	
ABN (if applicable)						
Have you previously received If yes, please specify	I funding from SA Quilters?		Yes		No	
Date	Amou	nt				
Project						
Project for which funding is requi	ired					
Name						
Purpose						
Education:	Education: Self or Community					
Exhibition:	Self or		_	nunity		
Educational Tour: Other: Please give details:	☐ Australia or		Overs	eas		
-						
Date/s Commence	Complete					
Amount requested (maximum of	\$500-00)					
Is this the full cost of the projec	t, or a portion of total cost?					
☐ Full cost	Portio	n				
Please attach a budget/break	down of proposed expenditure	9.				
Brief outline of the project						
[Full outline to be included as supporting	ng attachment]					

Benefits of the project to the individual or community				
What	plans, appointments, negotiations have already been completed?			
•••••				
Supp	orting material attached			
	Outline of project			
	Anticipated total cost of event			
	Digital media if relevant			
	Other			
Appli	cations close: 1 st April each year.			
Appli	cations via Email encouraged. Postal applications should be forwarded to:			
	Grants and Scholarships			
	Attn: Secretary SA Quilters			
	Post Office Box 993			
	KENT TOWN SA 5071			
and re	ceived in the post box or handed in at an SA Quilters Meeting by that day – no exceptions !			
For fu	rther information email the <u>Secretary</u> .			
If space insufficient in any area, please attach additional sheets, clearly identifying section/s to which they refer.				