Name of group						
Member since	Group Membe	ership Num	ber			
Contact details Contact name for group Postal address						
Telephone		Mobile				
Email						
Please tick the appropriate boxes						
Incorporated body			Yes		No	
Registered for GST			Yes		No	
Have you previously received If yes, please specify	funding from SA Quilter	rs? 🗆	Yes		No	
Date		Amount				
Project						
Project for which funding is require	red					
Name						
Purpose						
Education:						
Exhibition: Educational Tour:						
Other give details:	H					
Date/s Commence Complete						
Amount requested (Maximum \$500	0-00)					
Is this the full cost of the project,	, or a portion of total cost?					
☐ Full cost		Portion				
If appropriate please attach a budget/breakdown of proposed expenditure						
Brief outline of the project						

[Full outline to be included as supporting attachment]

How	many people will be involved in the project?
What	benefits will be provided to the participants/ wider community?
Who	will manage the project?
	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	ications close: 1 st April each year.
Appli	ications via Email are encouraged to <u>Secretary</u> .
Posta	Al applications should be forwarded to: Grants and Scholarships Attn: Secretary SA Quilters Post Office Box 993 KENT TOWN SA 5071
and re	eceived in the post box or handed in at an SA Quilters Meeting by that day – no exceptions !

For further information email **Secretary**.

If space insufficient in any area, please attach additional sheets, clearly identifying section/s to which they refer.