



## BMC Child/Dependant Grant Application

This form is to be completed by the grant applicant carer

### Section 1: Applicant details

First Name  Last Name

Is the applicant an Australian Citizen?   
Please provide a copy of the child's birth certificate,  
Australian Passport or Medicare Card

Date of Birth

Street

Suburb

State  Post Code

### Section 2: Carers details

First Name  Last Name

Street

Suburb

Signed  Date

Phone (H)  Phone (M)

E-mail:

### Section 3: Assistance

Description of Disability:

Assistance Required:

### Section 4: Financial Details

Have you previously received assistance from the BMC?

Yes  No

*If Yes, give details*

Have you approached other sources for financial assistance?

Yes  No

*If Yes, give details*

Please print and post hard copy to: Grants Committee PO Box 7007 Telarah NSW 2320 or  
complete and email to: [leisuretribe@gmail.com](mailto:leisuretribe@gmail.com)