

Adelaide Hills Independent Living Grant Application Form



Independent Living Grant Application Form

PERSONAL DETAILS

First Name:

Surname:

Postal Address:

Residential Address:
(if different from postal address)

Telephone:

Email:

Briefly describe your association with Community Living Australia.

Please detail what you are seeking funding for to support your independent living.

Please indicate how much your requested support costs in total?

If the costs of the support is greater than the grant amount, how will the remaining amount be funded and whether this additional support has been confirmed?

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What barriers are you currently facing in supporting your goal to live independently?

How will this grant assist you in reaching your goals?

Please provide us with any other relevant information that supports your application.

REFEREES

Please provide name and contact details of two referees.

(Referees should have a direct knowledge of the applicant's character, life situation and educational/training goals and aspirations).

Referee 1

Name:

Relationship:

Phone:

Email:

Referee 2

Name:

Relationship:

Phone:

Email:

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- I declare that all the information provided in this application form is true and correct.
- I understand that if the Community Living Australia approves the grant, I will be required to accept the conditions of the award as outlined in the grant guidelines.
- I give permission to the Community Living Australia to contact any persons or organisations in assessment of the application and understand that information may be provided to other organisations as appropriate.

Applicant's Signature: _____ Date: ____/____/____

(Parent or Guardian's signature if applicant under the age of 18 or otherwise legally required)