

## WDJRUC Request for Financial Assistance

| Applicants Name         |             |      |  |
|-------------------------|-------------|------|--|
| Players Name            |             |      |  |
| Players Date of birth   |             |      |  |
| Address                 |             |      |  |
|                         |             |      |  |
| Suburb                  |             |      |  |
| Suburb                  |             |      |  |
| Postcode                |             |      |  |
| Phone number            |             |      |  |
|                         |             |      |  |
| Email address           |             |      |  |
| Have you successfully a | applied for |      |  |
| Every Chance To Play    |             |      |  |
| Indigenous Sports Grant |             |      |  |
| Other                   |             |      |  |
| Please provide details  |             |      |  |
|                         |             |      |  |
| Reason or Circumstance  |             |      |  |
|                         |             |      |  |
| Name                    | Signature   | Date |  |
| Approved by             |             |      |  |
| Name                    | Signature   | Date |  |
|                         | Signature   | Date |  |
| Name                    | Signature   | Date |  |