**TerryWhite Chemmart Cheltenham**
26-28 Station Road, Cheltenham, VIC, 3192
**PH:** 9583 2352 **FAX:**9585 2797

**GRANT APPLICATION FORM:**

**Who are you?**

|  |  |
| --- | --- |
| **Name:** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **Email Address:** |  |
| **Phone Contact:**  |  |

**What do you do?** (Description of services/Organisation purpose or mission)

**What type of organisation are you:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount of funding required and reason for funding: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How does this project benefit the community?**

**Any other relevant information?**

**I certify that to the best of my knowledge, the statements made in this application are true and correct.**

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please email the completed application form to:**
cheltenham@terrywhitechemmart.com.au

**Or**

**Post to:**
TerryWhite Chemmart Cheltenham
26-28 Station Road,
CHELTENHAM, VIC, 3192