



DARUMBAL CHARITABLE TRUST SOCIO SUPPORT APPLICATION FORM

Name: _____

Address: _____

Contact phone/email address: _____

Apical Ancestor (please select):

- Kitty Mulway and Pompey of Stanage; Yorcky – (Sunflower);
- Kate Reid and James Hector (Garrett);
- Jack Naylor (Jnr); Brothers John McPherson and Harry Bauman – (McPherson/Naylor);
- Clara Wallace (Mann/Wallace);
- Clara McKenzie (Rutherford/Hayden);
- Maggie (Mitchell); Mary Jones; Maria McKenzie; Mundabel (Ross/Landers/Roma/Wiley)

Type of Support requested (please tick):

EDUCATIONAL PURPOSES

- Scholarship** – please attach confirmation of full-time enrolment for university and course details.

Name of Student	Enrolled Degree	Degree Length	University

- TAFE** – please attach confirmation of enrolment and course details of where course fees to be paid (or proof of payment if to be reimbursed).

Name of Student	Enrolled Course	Learning Institute

TRAINING RELATED

- Training Related** – please attach confirmation of enrolment for each course / 'ticket' and details of how work related, plus where fees to be paid (or proof of payment if to be reimbursed).

Name of Trainee	Enrolled Course / Ticket	Learning Institute

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SPORTING AND RECREATIONAL

Sporting – please attach confirmation of acceptance and the proposed event for State / National representation in sporting and / or club type activity.

Name of Person	Sport / Activity	State / National	Details (event / travel request)

FUNERAL EXPENSES

Funeral Expenses

Deceased	Family Representative Responsible	Details of Request (Funeral Director / Assistance with Funeral requirements)

Name of Funeral Directors / Suppliers name: _____

Contact details of Funeral Directors/ Suppliers name: _____

Deceased person must be of Darumbal descent.

No support for: airfares, taxi fares, hire cars, accommodation, meals, catering, etc.

ELDERS SUPPORT

Elders Support

Please circle type of assistance applying for:

Medical Assistance

/

Basic Living Necessities

/

Other

Details of Request (Medical Equipment / Necessitous Items / Long-Term Illness request)

Please provide supporting documents e.g. appointment letter/quote for items.
No support for vehicles, housing, airfares, hire cars, taxi fares, non-Elder expenses.
Support will be paid direct to suppliers, save for Medical Related Travel Expenses.

BANK DETAILS

Please provide bank details below for situations in which payment is due directly to Applicant or for reimbursement of an expense to Applicant. Note: where possible, payment will be made direct to supplier.

Name: _____ BSB: _____ Account: _____

DECLARATION

I declare that I am Darumbal descent and all the details provided are true and correct.

Signature: _____ Date: _____

Send your applications and supporting documents to: [Email: admin@darumbal.com.au](mailto:admin@darumbal.com.au)

Office use only

Date received:	Board Decision:	Approved / Not Approved
Payment processed: Yes / No	Date:	Applicant Notified: Yes / No Date: