JOSEPH SERIDIS TRUST FUND
TRUST FUND

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APPLICATION FOR HOLIDAY ASSISTANCE FORM

Applicant Details	
Name:	**Phone number:**
Address:	
Email address:	
Name of person assisting with application (if applicable):	
Relationship to applicant:	
Contact phone number:	**Email address:**

Holiday Expenses Details	
Please provide a detailed description of the holiday expenses being requested:	
Amount of assistance being requested	$
Is this the	☐ Full Amount ☐ Part Amount
Please attach 2 quotes from different suppliers	

Personal History and Description of Needs	
Please provide an overview of the applicant's personal history and description of needs:	

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Rationale for assistance

Please provide a summary of why you/the person requires holiday assistance

Please add extra pages if more explanation is required

Letter of Support

Please attach a letter of support for your application

Name of person writing support letter:	
Position:	

Signatures

Signature of Applicant:	
Date:	

The information requested on this form is collected for the purpose of assessing individual applications to the Joseph Seridis Trust Fund. This information will remain confidential and be stored by Uniting Communities on behalf of the Joseph Seridis Trust Fund. Access to the information supplied can be made by application to the Trustees. Please contact the Trustees at the above address with any queries or complaints regarding Privacy and Personal Information.