



## **JOSEPH SERIDIS TRUST FUND APPLICATION FOR HOLIDAY ASSISTANCE FORM**

Name of applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

Contact phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of person assisting with application (if applicable): \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Detailed description of 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

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Please state reasons for this holiday assistance

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Please add extra pages if more explanation is required



Letter of support from: \_\_\_\_\_

Position: \_\_\_\_\_

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.