

MSU REQUEST FOR ASSISTANCE

Please complete in as much detail as possible.

Your Full Name:		Date of Birth:	
Your Postal Address:		Your Phone Number:	
		Email:	

Do you currently hold a Concession Card or Pensioner Concession Card

YES

☐

NO

☐

Category	Category A	Category B	Category C						
Bucket	General Charitable Allocation / Sickness & Medical ☐	Elders ☐	Chronic Diseases ☐	Lore ☐	Dental ☐	Perth Medical Accom. ☐	Education Early years ☐ Primary ☐ Secondary or Tertiary ☐		
NON-ELDER Maximum funding per year	\$5,000	N/A	\$2,000	\$5,000	\$2,000	\$2,000	\$1,500	\$2,000	\$3,000
ELDERS Maximum funding per year	\$6,750								
For Funeral's , initial and family name of person who passed away:									
ENSURE ALL RELEVANT PAPERWORK IS ATTACHED e.g. Doctors letter, Utility bill, Quote... See checklist attached									

Please explain in detail why you need financial help from the Trust:

FINANCIAL HARDSHIP

Have you sought assistance from anywhere else? If so, where?

How much?

Item requested:	Amount:	Supplier to be paid:

What is the amount you are asking the Trust for?	\$	Date the funds are required by:	____/____/2026
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I declare that the above details are accurate and true. I understand that:

- The Trust rules need to be followed and that my request may be approved in part only or not at all;
- If I consent to part of my benefits being used by another person, then that amount will count towards my annual limit;
- The supplier will be paid directly by the Trust and that no cash can be given to NAC members;
- The Trust is not responsible for any additional costs; and
- The Trust is not liable for any loss, damage or personal injury resulting from the Trust funding the whole or part of this Request.

Your Signature:	X	Today's Date:	____/____/2026
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Completed Request for Assistance to MSU for Ngarluma Charitable Trust

Tel: (08) 9182 1351

Email: msuapplications@ngarluma.com.au

OFFICE USE ONLY:	
Notes:	
Docs Attached:	

MSU REQUEST FOR ASSISTANCE

All funding categories require an MSU REQUEST FOR ASSISTANCE application (this form) to be completed in full by the member as well as the invoice / bill that is to be paid.

Have you also included?

Category A**General and Sickness & Medical**

Confirmation of their appointment with the supplier	☐
Evidence of their medical condition	☐
Bill / Invoice / Notice / Receipt	☐

Category C**Advancement of Education**

Birth certificate of the child assistance is sort, or	☐
A Letter of support to be provided by the Educational Institution for computers, iPads and extra curricula activities	☐
School attendance records	☐
School reports / enrolment packages – every semester	☐
Certificate or other evidence of completion of a Trust-funded course, if applying for funding for another course	☐

Chronic Disease

A letter from a Medical Practitioner with 2 years, confirming: - the diagnosis of the chronic disease of the member; - that the request for additional assistance is directly associated with the chronic disease	☐
An acknowledgement from the member that all other available assistance has been exhausted (Medicare, NDIS, PATS and any other government funded health assistance)	☐

Dental

Dental plan / invoice	☐
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Perth Medical Accommodation

Doctors letter / medical evidence	☐
PATS documentation	☐

Lore

A senior Ngarluma Elder must confirm all lore participants – MSU to undertake this task	☐
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