

MSU REQUEST FOR ASSISTANCE

Date of Birth:

Please complete in as much detail as possible.

Your Full Name:

Your Phone Number:

Your Postal Address:

Email:

Do you currently hold a Concession Card or Pensioner Concession Card

YES NO

Category	Category A	Category B	Category C							
	General Charitable Allocation / Sickness & Medical <input type="checkbox"/>	Elders <input type="checkbox"/>	Chronic Diseases <input type="checkbox"/>	Lore <input type="checkbox"/>	Dental <input type="checkbox"/>	Perth Medical Accom. <input type="checkbox"/>	Funeral Assist. <input type="checkbox"/>	Education		
Bucket								Early years <input type="checkbox"/>	Primary <input type="checkbox"/>	Secondary or Tertiary <input type="checkbox"/>
NON-ELDER Maximum funding per year	\$5,000	N/A	\$2,000	\$5,000	\$2,000	\$2,000	\$10,000	\$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

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

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	<input type="checkbox"/>
Evidence of their medical condition	<input type="checkbox"/>
Bill / Invoice / Notice / Receipt	<input type="checkbox"/>

Category C

Advancement of Education

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

Chronic Disease

A letter from a Medical Practitioner with 2 years, confirming: <ul style="list-style-type: none"> the diagnosis of the chronic disease of the member; that the request for additional assistance is directly associated with the chronic disease 	<input type="checkbox"/>
An acknowledgement from the member that all other available assistance has been exhausted (Medicare, NDIS, PATS and any other government funded health assistance)	<input type="checkbox"/>

Funeral Assistance

Written confirmation of the funeral (e.g. death notice, funeral notice which includes the date and location of the service)	<input type="checkbox"/>
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Dental

Dental plan / invoice	<input type="checkbox"/>
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Perth Medical Accommodation

Doctors letter / medical evidence	<input type="checkbox"/>
PATS documentation	<input type="checkbox"/>

Lore

A senior Ngarluma Elder must confirm all lore participants – MSU to undertake this task	<input type="checkbox"/>
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