

Application for Financial Assistance

SEND APPLICATION TO: welfare@nswsesva.org.au

Details of SES Member requiring assistance

First Name _____ Last / Family Name _____

Address _____

Suburb _____ State _____ Postcode _____

Contact Phone Number(s) _____

Contact Email Address _____

Age _____ Main Income Earner YES/NO Self-funded Retiree YES/NO Pension YES/NO

Marital Status SINGLE MARRIED PARTNER DIVORCED WIDOWED

No of Dependants _____ List ages _____

SES ID Number _____ Length of Service _____

Unit _____ Region _____

Applicants Details (If not the applicant)

First Name _____ Last / Family Name _____

Relationship SELF PARTNER CHILD CONTROLLER FRIEND CHAPLAIN PEER
SES VA MEMBER OTHER _____

Contact Phone Number(s) _____

Other funding Options

(a) Has the member requiring assistance received support or other financial assistance from the Volunteers Association previously? YES / NO

If YES, please provide details, including the amount of assistance and date received, and details of the reason/purpose assistance was provided.
