FUNDamentals FOR SCHOOL KIDS Form Preview

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* indicates a required field

Organisation or Institution Details

Please read the <u>guidelines</u> before starting an application.

If you are unsure if your request meets our guidelines, please contact our Kids Support Team on kidssupport@varietyqld.org.au or 07 3907 9300.

	of Organis ation Nam		r Instit	ution *					
Address Address									
Suburb	State	Postcoo	10						
Subuib	State	POSICOL	ie						
Must be a	an Australia	n postco	de.						
Phone I	Number *	:							
Mushbas	a Australia								
	an Australia	in phone	number.						
Website	e URL *								
Applica Title	nt Admin First Na		: t * Last N	lame					
Applica	nt Admin	Contac	t Drim	ary Phone	Mum	hor*			
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Must be a	an Australia	n phone	number.						
Applica	nt Admin	Contac	t Prima	ary Email	*				
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	provide a School e		lescript	tion of yo	ur org	ganisat	ion: e.g	ı. Prima	ry School

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Financial, general, key points, geographical impact.
Establishment Date *
Must be a date.
Year organisation or institution was established - 01/01/YYYY is okay
What is your mission statement or charter? *
Total Number of children catered for at the school. *
Age Range: *
Number of children living with disability or disadvantage *
Page 2
* indicates a required field
Equipment / Assistance Applying For
FUNDamentals FOR SCHOOL KIDS
This question is read only.
How will this assistance help your school?
How many children will likely benefit from the supply of thi
Must be a number.
Value including GST *

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\$ Must be a dollar amount.	
Does your organisation have a Fund ○ Yes	raising Department? * O No
If yes, what is your annual revenue f \$ Must be a dollar amount.	rom fundraising?
Are these funds accessible to your dother areas of need in the school? O Yes	epartment/project area without impacting on
	tribution towards the cost without impacting
on other areas of need in the school? ○ Yes	? ○ No
If yes, how much? \$ Must be a dollar amount.	
Has Variety previously assisted your ○ Yes	organisation? No
If yes, amount of previous assistance	e?
\$ Must be a dollar amount.	
Date of previous assistance:	
month and year	
Nature of appeal	
please outline previous assistance received.	
Have you approached any other sour ○ Yes	rces for financial assistance? ○ No
If Yes, Please provide details or prov	vide attachments
Attach a file:	

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Our most successful way of raising money is to demonstrate, by way of images and personal accounts, how donations are making a positive impact on the lives of children in need - there is nothing more powerful than seeing the beautiful smiles of the children we strive to assist. Allowing us to tell your story and keep in touch provides our sponsors and supporters with an insight into the work Variety undertake and encourages more donations and support. This then helps us achieve our mission to help sick, disadvantaged and special needs children to live, laugh and learn.								
We may wish to use these images in our promo	tional material.							
If your application is approved, how will you acknowledge Variety's contribution?								
Newsletters, PR, Website, Social Media								
Please attach a photo of your school or log Attach a file:	go to be used for f	undraising purposes *						
I, on behalf of the organisation or instituti permits Variety to use the materials in all limited to annual magazine, event flyers, I media.	forms of media inc	cluding, but not						
○ I agree) I do not agree							
I consent to Variety collecting the informa understand that if I do not provide the information receive assistance from Variety. * O Confirm								