

NSW Police Legacy Trust Fund Application Form



For Office Use:
Trust Fund Balance

Applicant Details

Name: _____ Age: _____
Address: _____ Post Code: _____
Contact Phone Number: _____ Balance of Applicants' Trust Fund: _____
Email Address: _____

Details of Application

1. Date of Application: _____ Amount Requested: _____

2. Reason for Request:
DESCRIBE THE SPECIFIC REASON YOU ARE REQUESTING FUNDS - PLEASE INCLUDE ANY SUPPORTING DOCUMENTATION SUCH AS QUOTES OR RECEIPTS.

3. Have other reasonable sources of funding been pursued for this activity / item? YES NO
IF YES, PLEASE DESCRIBE ALL THE OTHERS OPTIONS YOU HAVE CONSIDERED PRIOR TO APPLYING FOR ACCESS TO YOUR TRUST FUND (ADD A SEPARATE SHEET IF REQUIRED).

Application Benefit

4. Please identify the benefits that would result if financial assistance is provided, i.e. how it would benefit you:

Previous Applications to the Trust Fund

5. Have you requested access to your Trust Fund in the past and if so describe what for and whether or not funds were approved?

Send this completed application form to:
The Chief Operating Officer, NSW Police Legacy PO Box 20065, World Square, NSW 2002
Email: info@policelegacynsw.org.au

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Parent/Guardian Endorsement (if applicant under 18)

6. Reason for your endorsement:

7. Parent/Guardian's Signature: _____ Applicant's Signature: _____

For Office Use Only:

1. Date received:

2. Company Secretary Recommendation:

3. Date Presented to Executive: _____ Approved /denied by Executive: _____

4.. Reasons:

5.. Response to Applicant:

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