



AUSTRALIAN CHINESE CHARITY FOUNDATION INC.

## 澳洲華人公益金

個人善款申請表格 Grant Application Form (Individual only) Australian Chinese Charity Foundation Fund	
申請人 Applicant	姓名 Name:
	地址 Address:
	電話 Telephone:
略述申請原因 Brief description of reasons for application:	
要求援助金額 Required Grant amount:	申請人簽名 Applicant's Signature:
介紹機構名稱 Referring Organisation Name: _____	
電話 Telephone: _____ 傳真 Fax: _____ 機構負責人 Contact person: _____ 職位 Position: _____	
日期 Date :	
審核援助小組 Committee for Fund and Grants Assessment:	
申請批准 Application approved: ( )是 Yes ( )否 No 批准金額 Amount recommend:	
組員意見 Comment/Further action:	
管理委員會意見 Board of Management Comments:	
財政簽名 Treasurer's Signature:	日期 Date :

Please return the completed form to The Chairperson of the Committee for fund and Grants Assessment  
PO Box 1174, Strathfield, NSW 2135