

# ANTHONY M HOUEN COMMUNITY GRANT FUND



## APPLICATION FORM

### Applicant Information

**Title**  Mr  Mrs  Ms  Miss  Other:

**Full name:**

**Date of birth:**

**Street address:**

**Postal address:**  Tick if same as above

**Best daytime number:**  Please tick one  Voice  SMS

**Email address:**

**Preferred method of communication:** Please tick one  Voice  SMS  Email  Post

### Project Information

**What is the main focus of your project?**

Leadership  Community Development  Conference/Seminar  Art and Culture  Sport

**Are you applying as a deaf individual or group?**  Individual  Group

**Please provide a brief outline of your project:**

**How will your project benefit the community?**



### Referee 3

**Full name:**

**Address:**

**Best daytime number:**  Please tick one  Voice  SMS

**Email address:**

### Certification

I certify that:

- I have read the guidelines of the Anthony M Houen Community Grant Fund and agree to be bound by them
- The information I have provided in this application form is true and accurate

**Signature of applicant:**

**Date:**

If the applicant is under 18 years of age:

**Signature of parent/guardian:**

**Date:**

If you need help filling out this form, please see us at the Deaf Society office or contact us:

**Ph:** (02) 8833 3600

**Skype:** deafsocietyofnsw

**Email:** info@deafsociety.com

Please send this form to:

The Deaf Society  
PO Box 1300  
PARRAMATTA NSW 2124  
or info@deafsociety.com

