



Blue Mountains Health Trust Application for Funding

Name of organisation _____

Postal Address _____

Town _____ State _____ Postcode _____

Contact Person _____

Contact Phone _____

Email _____

As briefly as possible, provide us with relevant background information _____

Reason for funding _____

Amount required \$ _____

As part of your application, you will be required to speak to the Trustees about your organisation and the funding your organisation requires. The Trust meets bi-monthly.

Please post completed application to:

BLUE MOUNTAINS HEALTH TRUST; PO BOX 7097, LEURA NSW 2780
info@bluemountainshealthtrust.com.au | www.bluemountainshealthtrust.com.au