



Culture 2015 – ‘Return to Country for Families’ Application Form
(Applications are limited to one application per family group)

| | | | |
|---|---------------------|----------------|--------------------------------|
| Name of Applicant (on behalf of Family Group) | | | |
| | | | |
| Address | | | |
| | | | |
| Postal address (if different from above) | | | |
| | | | |
| Home phone | Mobile phone | Work | |
| | | | |
| How many family members will be participating within this application? | | | |
| List names: | | | |
| | | | |
| How many non-family members will be participating within this application? | | | |
| | | | |
| Which Aboriginal group(s) does your family belong to: | | | |
| Barngarla | Kokatha | Kuyani | Other, please identify: |
| | | | |
| Please complete the following if you do not identify as Barngarla, Kokatha or Kuyani. | | | |
| How long have you lived in the prescribed ‘footprint’ area? (The Trust Advisory Council reserves the right to verify) | Years: | Months: | |
| | | | |



| Financial | | \$ |
|---|--|----------|
| How much money are you applying for (up to \$3000)? | Fuel (reimbursement only, no fuel cards will be provided) | \$ _____ |
| (Quotes / invoices must be attached with this application) | Food (invoices to be provided otherwise reimbursement only) | \$ _____ |
| (Receipts will need to be provided if you are requesting a reimbursement, credit card receipts will not be accepted) | Accommodation (invoices to be provided otherwise reimbursement only) | \$ _____ |
| | Other expenses (invoices to be provided otherwise reimbursement only) | \$ _____ |
| Summary of the application | | |
| <p>How will the funds requested be used? The reasons given must align with the stated purposes of this funding round. (If you need to provide further information please attach documents to this application form. NOTE: No more than two pages will be accepted). <i>An example may be 'my family wishes to return tofor the purposes ofand this will benefit our family by</i></p> <hr/> <hr/> <hr/> | | |
| Name and Signature of applicant (on behalf of Family Group) | | Date |
| I have been authorised by my Family Group to make this application on their behalf: | | |
| Name | | |
| Signature | | |

Please 'POST' or 'DROP OFF' your completed application together with invoices or quotes to: The Secretary, Trust Advisory Council, PO Box 329, Port Augusta SA 5700 OR 15 Mackay Street, Port Augusta SA 5700

Applications close on 26th June, 2015 - LATE APPLICATIONS WILL NOT BE CONSIDERED