

EDUCATION ESSENTIALS GRANT APPLICATION FORM

BEFORE YOU START YOUR APPLICATION

Please read and respond to the following:

YES **NO**

Have you been successful in a previous BHC Impact Grant round?
If yes, when (please include date, name of person who was successful and grant type):

This grant can provide up to \$800 support to purchase requested item.

Do you have a quote/invoice for the item you wish to apply for?

Have you ensured that the cost of the item remains the same eight weeks after you submit your application? (e.g. if item is on sale, BHC may not be able to match this price if the sale ends after application and grant assessment).

Applicants will be advised of the outcome of their application within 4 weeks post application. If your application is time sensitive please contact BHC Grants Team directly.

Do you acknowledge the following to be eligible:

No cash payments will be made for successful applications, direct payments will be made to suppliers / retailers on behalf of successful applicants.

All questions must be completed for applications to be considered.

If in arrears or owing money to BHC, applicant must be engaged in a current payment plan and be making the required repayments.

Applications must be for a specific item that will contribute to the education and/or participation of dependent.

I have been a BHC resident longer than 3-months

If using a device is not essential/required by the school your application may not be approved.

EDUCATION ESSENTIALS GRANT APPLICATION FORM

SECTION 1: Applicant Contact Details

Name: _____ **Tenancy Agreement No.** _____

Address: _____

Phone: _____ **Email:** _____

Who are you applying for?

I am applying as the parent/guardian on behalf of a dependent /child (under 18) in my BHC household

Dependents details please complete

Dependents member's name _____ Dependent's age _____

SECTION 2: GRANT APPLICATION DETAILS

If you are successful, what device is required?

Type of Device (e.g. laptop) INCLUDING make/model	Name of School / Educational Institute	Cost
e.g. Apple iPad mini	Local Primary School	Total cost - \$750

Supporting Information:

Please attach evidence of the costs associated with your application. E.g. Copy of invoice or quote, screenshot from a website or a letter from a support worker or educator etc. If you need assistance contact your Housing Manager or the BHC Resident and Communities Team on 3307 3000 or email impact@bhcl.com.au

SECTION 3: PLEASE PROVIDE INFORMATION ABOUT YOUR REQUEST

Please include details of the BYO device requirements at your child's school / educational institute. (50-200 words)

In your response, please describe:

- What your dependent needs?
- Why they need it?
- What outcomes / benefit you will they get from receiving this?
- Any barriers you are facing now?

Is there anything else you would like us to know? Please include any relevant information that will support your application.

Where did you find out about this grant?

Letter / SMS
from BHC

BHC website or Social
Media (e.g. Facebook)

From the BHC Resident
and Communities Team

From my Housing
Manager

If Other, please specify

SECTION 4: APPLICANT DECLARATION

This section must be completed by the resident or parent/guardian of the dependent applying for the grant.

I _____ (insert full name) certify that the information I have provided in this application is correct.

Privacy and consent to use of personal information

1. Your application and the personal details you provide will be treated in accordance with BHC's Privacy Policy and all relevant Privacy requirements. You can request a copy of our Privacy Policy by contacting BHC or view it here - bhcl.com.au/about-bhc/policies/privacy/.
2. Applicants are advised that data will be collected throughout the program for internal use, to improve the way the program operates and the outcomes it is able to achieve. Collated data may also be used externally to provide information about the types of activities funded the number of participants etc. No identifying information will be shared externally without the consent of individual participant.
3. All participants will be given the choice to participate in relevant promotional activities about the grant, including anonymous participation. Participations are not required to agree to participate in these promotional activities.


I acknowledge and consent to the above


Full Name:


Signature:

Date:

How to submit your application

 **Email:** impact@bhcl.com.au

 **Post:** GPO Box 544, Brisbane Qld 4001

 **In Person:** Please give your completed application and supporting documents to your Housing Manager or drop them into BHC Head Office, Level 17, 333 Ann Street, Brisbane Qld 4000