

**ANGLICAN HEALTH & WELFARE GRANT SCHEME  
APPLICATION FORM**

<b>Parish/Organisation name</b>	
<b>Project name</b>	
<b>Parish/Organisation contact (Name, position, address, phone, email)</b>	
<b>What do you want to do?</b>	
<b>How much do you need?</b>	
<b>How will it assist the mission of your Parish/Organisation?</b>	
<b>How will it complement the mission of Anglican Health &amp; Welfare?</b>	
<b>How will you tell us what you have done?</b>	
<b>SIGNATURE (following approval of the application by Parish Council or equivalent)</b>	
<b>QUESTIONS?</b>	If you have any queries please email the Executive Officer at <a href="mailto:admin@anglicanhealthandwelfare.org.au">admin@anglicanhealthandwelfare.org.au</a> or phone on 6220 2020

END TO: Anglican Health & Welfare  
GPO Box 748 HOBART TAS 7001  
Or EMAIL: [admin@anglicanhealthandwelfare.org.au](mailto:admin@anglicanhealthandwelfare.org.au)