

2025-2026 Member Application for Assistance

Applicant details:

Surname: First Name: DOB:

Residential address:

Phone: Email:

Trust assistance category:

☐ Hardship \$2,000 per year	☐ Schooling Requirements \$1500 per year
☐ Whitegoods \$2,000 (5 years)	☐ Education Grant Program*
☐ Elders Payment \$2,500 per year	☐ Medical Assistance \$1800 per year
☐ Lore and Culture \$2,000 per year**	☐ Special Projects Application*
☐ Connection to Country \$2,000 per year**	☐ Employment Assistance
☐ Country and Culture \$2,000 per year**	☐ Funeral Travel \$500 per year
☐ Critically Ill Medical*	

**TAC approval required*
*** \$2,000 across the Country and Culture program*

Summary of Request

Please give a detailed description of your request, if this application is for a child, or you are nominating a carer, please provide their information below:

Goods/Services

Description of Items <i>Eg: food/fuel voucher, books, uniform, Dental treatment, prescription glasses</i>	Supplier/Name <i>Supplier /business name/reimbursement</i>	Amount
Comments:		

PLEASE PROVIDE BSB & BANK ACCOUNT DETAILS OR BPAY DETAILS (AND INVOICE IF APPLICABLE).
Please note, incomplete details may result in delays.

IS THIS A REIMBURSEMENT? ☐

Name of Service Provider	
Bpay	
Biller Code	
Reference number	

Account name	
BSB	
Account number	

Member Signature _____

Date: _____

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