SEGARD MASUREL
WOOL SINCE 1846

Wool Start Grant Application Form

1. Applicant's Full Name _____

Mobile Number _____ **Email** *(must be provided)* _____

2. Address Details

Home Address _____ Suburb _____

City _____ Postcode _____

3. Grant Purpose *(Please specify what you are applying for)*

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4. Amount Requested $ _____ **Name of course you are undertaking:** _____

Name and contact details of person providing or authorising the course: _____

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By signing this application, I declare that:

1. The information provided in this application is true and correct to the best of my knowledge.
2. If awarded a grant, I give permission for Segard Masurel to exchange information with the course provider and publish pertinent information about me and the course I attended for the purposes of advertising and promotion.

Name _____ Signature _____

Date _____

SEGARD MASUREL USE ONLY

Application Number _____ Date Received _____

Approved / Declined _____ Date Approved _____

Notes _____

_____

Amount Approved $ _____ Date Paid by Direct Credit _____