

# APPLICATION FORM

**Applications must be received by the Foundation by 30 May 2010**

Name of Applicant(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode \_\_\_\_\_

Contact telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Age(s): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signature of Parent or Guardian (if under 18 years of age)

\_\_\_\_\_

The following items should be included with this application:

- A brief overall description of the project.
- A logbook describing what work has been undertaken to date.
- A portfolio of photographs of work done or in progress. These photographs should show the individual(s) actually engaged in work on the vehicle.
- An itemised list of what has been spent on the project.
- Amount of funds requested and how these will be expended.

This application should be forwarded to the supporting vehicle club for endorsement and comments.

**(TO BE COMPLETED BY SUPPORTING CLUB)**

Name of Supporting Club: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact tel/email: \_\_\_\_\_

Signature: \_\_\_\_\_

Please provide some brief comments regarding your support for this application, and the involvement of the individual(s) in the club: (attached additional pages if required)

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The Supporting Club should forward the application form, documentation and its recommendation to the state council.

**(TO BE COMPLETED BY SUPPORTING COUNCIL)**

Name of Supporting Council: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact tel/email: \_\_\_\_\_

Signature: \_\_\_\_\_

When completed, this form and all supporting documentation should be forward by the Supporting Council to:

Robert Shannon Foundation  
PO Box 260  
**ASHFIELD NSW 1800**

By 30 May 2010