

**MPS Assistance Program (MAP)
Application form**



MAP FUNDING APPLICATIONS

Note: All information will be kept in the strictest confidence. Completed forms and receipts must be returned to the National MPS Office, PO 623 Hornsby NSW 1630.

Name of Applicant: _____ Date: _____

Address: _____

State: _____ Postcode: _____

Phone Number: _____ Email: _____

Name(s) of affected person(s): _____

Relationship of applicant to affected person: _____

Disease Type: _____

Amount being applied for: \$ _____

Please explain what the funds would be used for:

Is the requested funds part of a bigger project? (eg applying for partial costs of a new wheelchair) YES NO

Who have you already approached for funding and what was their response?

Please ensure all Quotes/Receipts are attached

(Quotes and Receipts must include supplier's name address, ABN number, detail of service provider, and cost including GST)

Signature of Applicant

Date