

NAME OF APPLICANT ORGANISATION:

(not for use by MTS/AOS)

Application for Grant from Australian Mariners Welfare Society

Attach supporting documents if you need more space

Project Name:	
Station:	
Postal Address:	
Town/Suburb:	
Postcode:	
Contact Person:	
Phone:	
Email:	
Project Description:	
*Amount Requested: (attach budget if not a simple purchase)	
Duration of Project Eg once-off, 3 weeks, etc	
When do you plan to spend the money?	
Describe how this project will increase welfare of seafarers in your port.	
Management Committee Endorsement:	
Name:	Signature: Date:

***Documentation: For grant applications exceeding \$5,000 at least two comparable quotes required. The use of more expensive equipment will need to be justified.**

Post to the Secretary, AMWS at P.O. Box 3058 ROSEMEADOW NSW 2560