



GUMALA ABORIGINAL CORPORATION 2023-24 EMERGENCY ASSISTANCE PROGRAM APPLICATION FORM



Section 1 – Personal Details

Member's Name: _____ DOB: _____

Address: _____

Phone: _____ Email: _____

Language Group: ^{*REQUIRED*} Banjima Yinhawangka Niyaparli

Section 2 – Assistance Required

Please give a brief description of the type of assistance you require.

Section 3 – Situation

Please give a brief description of your current situation.

Description of Items:	Supplier:	Amount:
	Total:	

Comments:

Signature: _____ Date: _____