

# J.A. Heyman Benefit Fund

*(Established under the Will of the late Mr Josef Alexander Heyman, who passed away on 19 September 1939)*

## ELIGIBILITY

Grants of circa \$2,000 per applicant are available within a 12-month period. To be eligible for assistance, applicants **must**:

1. Be an Australian resident.
2. Be of Danish birth, descent or lineage.
3. Meet the financial eligibility criteria of the Trust.
4. Provide evidence of financial assistance required (for any of the following purposes):
  - The relief of distress and poverty.
  - Medical or health related distress.
  - Assisting with attaining education, vocational or other training, to help start in a trade or profession, or in literary pursuits.
  - Other factors determined by the Trustee that fulfil the purposes of the Trust.

## HOW TO APPLY

Please provide the following documents:

1. Application Form: completed and signed by the applicant, their nominee or legal guardian (in the case of a child or a person subject to a Guardianship Order).
2. Copy of residential visa or the like.
3. Evidence of Danish birth/descent/lineage (Birth Certificate or that of a parent).
4. Evidence of enrolment in study/training course (if applicable).
5. Evidence of financial position (e.g. Centrelink statement or completed financial information form).
6. Quotation or invoice (if appropriate) for the financial assistance required.

Complete applications with supporting documents are to be emailed to: [charities@eqt.com.au](mailto:charities@eqt.com.au)

## IMPORTANT NOTES

- Incomplete applications will be returned.
- Applications must be submitted on the current application form.
- Please keep a copy of your application.
- Funding will be provided directly to the service provider.

## ENQUIRIES

[charities@eqt.com.au](mailto:charities@eqt.com.au)

Phone (03) 8623 5000

# **APPLICATION FORM**

## **APPLICANT DETAILS**

Full name	
Address for Correspondence	
Telephone	Home:
Email	
Date of birth	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female

## **NOMINEE OR LEGAL GUARDIAN IF APPLICANT IS UNDER 18 YEARS OF AGE**

Full name	
Address	
Telephone	
Email	
Relationship to applicant	

## **DANISH HERITAGE (PROVIDE SUPPORTING DOCUMENTATION)**

Born in Denmark	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Danish National	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent who is either of the above	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Danish Descent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Danish Lineage	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## **COURSE DETAILS (IF APPLICABLE)**

Education/Vocation/Training in which you are enrolled	
Trade or Profession	
Name of Institution	
Duration	
Expected Completion Date	



