

FFV Education - 2021/2022

Form Preview

Lodge Details

* indicates a required field

Lodge Contact Details

Lodge Representative *

Title

First Name

Last Name

Lodge Name *

Organisation Name

Lodge Name or Other Order details

Lodge Number *

Lodge number if applicable

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Grant Details

How much will the Lodge contribute *

Must be a whole dollar amount and at least 0

How much are you requesting from FFV *

Must be a whole dollar amount

Total Value of Awards to be awarded *

Must be a dollar amount.

Total Value needs to be equal to the Lodge contribution and amount requested.

Has the Application been approved in Open Lodge *

Date Approved

Must be a date

Attach copy of Lodge Minutes

Attach a file:

For a grant to be reviewed the application needs to be approved in open Lodge and a copy of the minutes showing the approval needs to be attached to the application or emailed to the Foundation.

If the application is successful, the Grant will be paid into the Lodge nominated bank account so the Lodge can pay each recipient.

Lodge Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Award Details

* indicates a required field

Please list the number and value of scholarships/bursaries which will be awarded:

School	Grade	Value of the Award	Number of Awards	Academic or Need
		\$		
		Must be a dollar amount	Must be a number	

Other Information

Please indicate the names and occupation of the persons who will assess the eligibility of the students who will benefit. *

Outline the criteria that will be used to assess how a student will receive the award. *

The Foundation would like the Scholarship/Bursaries to be reported in the local press or other media? Please provide details as to how this will be achieved.

Please provide any other information in support of the application.

If applicable, please attach any support material

Attach a file:

Declaration

** indicates a required field*

Conflict of Interest

A conflict of interest may arise if a member of the Lodge has a personal interest (including that of a friend or family member) that could conflict with the impartial assessment of this grant. Conflicts may be actual, potential or perceived. Although a conflict will not automatically prevent this application being successful, all conflicts must be disclosed to Freemasons Foundation Victoria.

I confirm that the member of the Lodge have no actual, potential or perceived conflict of interest in relation to the assessment of this application. *

☐ Yes, no member of the Lodge has an actual, potential or perceived conflict of interest in relation to this application

☐ No, a member (s) of the Lodge has an actual, potential or perceived conflict of interest in relation to this application

Please provide details of any perceived conflict

I agree to use my best endeavours to obtain and provide supporting evidence to FFV confirming that these funds were disbursed to eligible recipients. This includes copies of the assessment paperwork and (if appropriate) photographs, media coverage or a letter of thanks from the recipients. *

☐ Yes

☐ No

Declaration and Privacy Statement

FFV Education - 2021/2022

Form Preview

I certify that all details supplied in this application and in any attached documents are to the best of my knowledge true and correct and that the application has been submitted with the full knowledge and agreement of the Lodge. I confirm that the school that we wish to support have consented to providing their personal information to Freemasons Foundation Victoria and Freemasons Victoria in connection with this application.

I acknowledge that I have read Freemasons Foundation Victoria's privacy policy and consent to Freemasons Foundation Victoria collecting, using, handling and disclosing my personal information in accordance with Freemason Foundation Victoria's privacy policy.

I agree that I will contact Freemasons Foundation Victoria immediately if any information provided in this application changes or is incorrect.

I understand that the information above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge.

I am authorised to complete this application and have read and understood the declaration and privacy statement *

☐ Yes

Authorised Person's Name *

Position Held *

Date of Declaration *

Must be a date