

Schedule F

SIMBU CHILDREN FOUNDATION
(Incorporated under the Associations Incorporated Act)
APPLICATION FOR FUNDING AND ASSISTANCE

I/We, of
(name of patient(s)) *(name of village/town)*

in the.....District of Simbu Province hereby request assistance from the Simbu Children Foundation for the treatment of the following medical condition ***(provide a brief overview of current medical condition below or attach a doctors report/diagnosis):***

I/We also provide together with this form the various information required under the SCF's funding guidelines for the purposes of the Executive Council of SCF.

.....
(Signature of Patient/Guardian) *(Date)*

NOTE: This form should be submitted together with all the other relevant information as required under the SCF's Funding or Assistance Guidelines.