

**QuadPara Association of South Africa (QASA)**

PO BOX 2368, PINETOWN, 3600; 17 Hamilton Crescent, Gillitts, 3610

Tel: 031 7670348 / 7670352 Fax: 031 7670584

NPO 000-881

**2019 SPORTS & RECREATION FUND ASSISTANCE FORM****All applications must go through your Regional Association office.**

Applicant Name				Identity Number				
Address				Race Group				
Telephone			Fax			Cell Number		
Email								
State Disability								
Are you a member of a disability organisation?								
	Yes	No	If so, whom?					
Please state if you are employed, have access to a disability grant or have any other sources of income:								
							Monthly income	R
Type of assistance/equipment needed								
Reason for wanting assistance								
Cost of equipment (submit supporting documents)								
Cost of event/course/membership (submit supporting documents)								
What will your contribution be?								
Have you tried other funding avenues? If so, what?								
<b>DECLARATION</b>								
I, _____, will not sell the equipment should I not need it. I will advise QASA should this situation arise. I will maintain the equipment as advised and to the best of my ability and I understand that I will have to repay QASA's contribution if I fail to attend the event or complete the course. <b>Only fully completed applications with supporting documents, a picture and copy of Identity will be considered.</b> By signing this you agree that QASA can use your photo for promotional purposes. QASA will respond to your application in writing and QASA's decision should be considered final and no further correspondence will be entered into.								
Signature:				Date:				
<i>For office use only</i>								
Date received			Photo	ID	Acceptance	Costs		