

Arved Wasser Memorial Fund

HFWA invites applications for the Arved Wasser Memorial Fund for the 2017 / 2018 financial year. If you would like to apply to the fund please download and complete this form. This must be returned to the HFWA office no later than Saturday, 30 June 2018.

The Fund was established to give people with a bleeding disorder access to limited financial assistance, should they wish to pursue any educational, recreational, or work related study or activity. Conditions are explained in the guidelines below. Criteria for eligibility may loosely be described as any means of 'self-betterment'.

Arved Wasser Memorial Fund Guidelines

1.
 - a) For such time as the fund remains sustainable, a nominated sum (e.g. \$1,000) shall be made available each financial year. This amount may be reached by way of a single grant, or several smaller grants.
 - b) These grants will consist of a nominated sum from the Arved Wasser Memorial Fund, and an amount being equal to this sum, (i.e. 50% of total) coming from HFWA general funds.
 - c) Monies to be available for these grants, and any conditions hereto, shall be decided at the sole discretion of HFWA committee.
2. The recipient of any grant from this fund must reside in Western Australia, and have a bleeding disorder. Family members (including carriers) are not eligible.
3.
 - a) Members will be invited to make application (e.g. download a copy from the HFWA website or request an application form from the HFWA Office Coordinator on 9420 7294 or by email office@hfwaw.org) however, financial membership of HFWA shall not be a pre-requisite for any applicant.
 - b) HFWA shall define a period of time in which applications should be lodged each year. At the conclusion of this period, fair and equal consideration will be given to all applications. If none are received, or approved within the allotted time, applications may be lodged any time until the end of the current financial year.
 - c) If, in any financial year that the fund is operating, no grants are approved, or the total of those approved is less than the sum nominated by the HFWA committee, such monies shall remain in the fund to be 'rolled over' into the following financial year. They shall not be available for any other purpose, unless so designated by HFWA committee.
4. Applications should be made by the person concerned or in the case of a minor, by a parent or legal guardian.
5. The sitting committee of HFWA shall consider each application according to individual circumstances. A decision on any application / s shall be at the discretion of said committee. Any such decision will be final.
6. These grants are not intended to subsidise regular primary or secondary school fees, with regard to 'every day' school curriculum. Additional tuition or courses, or skill building activities (e.g. photography, music or scuba diving) may qualify.
7. There shall be no restriction on how the grants may be used, with regard to further education, such as TAFE or university courses.
8. These grants are not intended for medical treatments or procedures.
9. These grants may be given for sporting or recreational activities. There shall be no restriction on how the grants may be used. However, preference will be given to an applicant seeking assistance (e.g. travel or equipment subsidy), in order to attend a special event such as a major championship, training facility, seminar or meeting, relation to their chosen sport or activity.
10. Wherever and whenever possible, monies from these grants shall be paid directly to the 'third party' involved (i.e. the person or body providing the goods or services being considered). Unless presented with exceptional circumstances, monies will not be paid to applicants.

ARVED WASSER MEMORIAL FUND

STANDARD FORM OF APPLICATION*

- * To be completed by the applicant (or parent/legal guardian if under 18 years of age) and returned to, HFWA City West Lotteries House, 2 Delhi Street, West Perth WA 6005.
- * Please read grant guidelines carefully before completing.

Name: _____	
Address: _____	
_____	Postcode: _____
Age: _____	Telephone: _____
Amount Requested: \$ _____	
**(Please give a brief explanation of how this money will be used).	
If insufficient space, please attach a separate sheet.	
<ul style="list-style-type: none">• I make this application in good faith, having read and understood the guidelines pertaining to such.• I shall accept and abide by any decision made by the Haemophilia Foundation Western Australia Inc. Management Committee, relating to this application.	
Signature of Applicant (or parent/legal guardian if under 18 years of age).	
_____	_____
Applicant/Parent/Legal Guardian	Date