



**BURRAWANG EASTER MARKET ASSOCIATION
GRANT APPLICATION**

Name of Applicant: _____

Phone: _____

E-mail: _____

Address*: _____

Amount Requested: _____

Amount already raised (if applicable): _____

Reason for grant application:

Date of application: _____

When are funds required (if applicable): _____

Has the applicant previously received funds from BEMA? Y / N

Amount of previous grant (if applicable): _____

Signature of Applicant: _____

Email completed form to the BEMA Committee
stalls@burrawangeastermarket.com or

mail to 6 Crown Street Burrawang NSW 2577

***NOTE: Applicants must be local to Burrawang and Wildes Meadow**