



Our time to share

As a timeshare member you can **help someone** in need

Nomination Form – to be completed by person nominating potential recipient

Your name _____

I am an Owner / Employee of _____ATHOC Member organisation

Contact No. _____ Email _____

Name of Nominee/s _____

Nominee/s contact details _____

No. of people included in nomination ____Adults ____Children (ages if under 18) _____

Circumstances for nomination: _____

Please attach further information to support nomination

Details of any other funding received: _____

Criteria for Nominations

- Individuals or families in crisis situation; (May be health related, emergency, or other hardship)
- Information provided must be verifiable by ATHOC Foundation
- Nominee must be personally recommended by employee or owner of ATHOC Member organisation
- Nominee must be willing for their story and the ATHOC Foundation grant to be published for public relations purpose
- All details of nomination must be completed and signed by authorised officer of ATHOC Member and nominee
- Nomination form must be accompanied by letter of support from third party professional – ie doctor, social worker, lawyer

ATHOC Foundation – Nomination Authorisations

To be completed by Authorised Officer of ATHOC Member

I, _____, an Authorised Officer of _____

hereby agree to this nomination for a grant from the ATHOC Foundation. I acknowledge that the ATHOC Board has sole discretion as to whether or not a grant is awarded and to the level and type of grant provided. In the event that a grant is awarded, we agree to our company name being included in articles regarding the granting of this award, designed to generate public relations coverage to promote the work of the ATHOC Foundation.

Signature _____ Date _____

To be completed by Nominee

I, _____, Hereby agree to being nominated for a grant from the ATHOC Foundation. I acknowledge that the ATHOC Board has sole discretion as to whether or not a grant is awarded and to the level and type of grant provided. In the event that a grant is awarded, I agree to my name and photograph being used in articles regarding the granting of this award, designed to generate public relations coverage to promote the work of the ATHOC Foundation.

Signature _____ Date _____



Send with letter of support (refer to criteria) to ATHOC Foundation,
PO Box 7718, Gold Coast Mail Centre, QLD 9726
info@athoc.com.au
www.athoc.com.au