

THE COUNTRY WOMEN'S ASSOCIATION OF WESTERN AUSTRALIA

SIR JAMES MITCHELL EDUCATION AND WELFARE FUND

APPLICATION FOR EDUCATION ASSISTANCE

NAME _____
(Mr Mrs Miss Ms) SURNAME CHRISTIAN
NAMES

ADDRESS _____
_____ POST CODE _____

PHONE NO _____ FAX NO _____

OCCUPATION _____ EMAIL _____

NUMBER AND AGES OF DEPENDANTS _____

IN A FEW WORDS, PLEASE EXPLAIN YOUR REASON FOR THIS APPLICATION:

Please send this application to: The General Secretary
CWA of WA
P O Box 97
West Perth 6872

Fax: 9321 6024
Enquiries – phone: 9321 6041
Email: info@cwaofwa.asn.au