

**THE COUNTRY WOMEN'S ASSOCIATION OF WESTERN AUSTRALIA (INC)  
ANNUAL TERTIARY BURSARY  
APPLICATION FORM**

Student's Name: \_\_\_\_\_ Date of birth \_\_\_\_\_  
*Surname* *Given Names*

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Course/Year of study \_\_\_\_\_

Institution \_\_\_\_\_

Funds \$ [ \_\_\_\_\_ ] required for \_\_\_\_\_

Personal aims re future education/degree to be taken \_\_\_\_\_  
\_\_\_\_\_

Has a CWA bursary been received in the past? \_\_\_\_\_ year \_\_\_\_\_

**Address for all correspondence:** \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Eligibility: Available to students requiring assistance for tertiary education {undergraduate studies}; previous recipients may reapply.  
Criteria: Student endeavour, financial circumstances, community involvement  
Amount: To be determined annually by State Management Committee  
Purpose: May be applied to course fees, books, accommodation  
Notification: All applicants will be notified of the outcome

Date received: \_\_\_\_\_ State Office \_\_\_\_\_

Return completed form: General Secretary, CWA of WA (Inc), PO Box 97, West Perth 6872

**CLOSING DATE FOR RECEIPT OF APPLICATIONS: 30 SEPTEMBER**