



**THE COUNTRY WOMEN'S ASSOCIATION OF WESTERN AUSTRALIA (INC)
SIR JAMES MITCHELL EDUCATION AND WELFARE FUND**

APPLICATION FOR WELFARE ASSISTANCE

(Please note: If assistance is sought for educational purposes, please use the Education Assistance Form)

Applicant Name: _____
Surname Given Names

Address: _____ **Post Code:** _____

Daytime Phone No: _____ **Email:** _____

List ALL income source/s (e.g. employment, benefits, *Centrelink) _____

*(Please provide a **current Centrelink Income Statement** with this application)

Is rent assistance received? (Please circle) YES NO

Total number of dependents and their ages: _____

Please explain your reason for the application (Provide as much information as possible and attach any invoices or quotes obtained):

Amount requested (\$): _____

Please be aware **we do not assist with RENTAL ARREARS, UTILITY BILLS, CAR REGISTRATION or TRAVEL ASSISTANCE**

Have you had assistance from CWA before? (Please circle) YES NO (If yes, when? _____)

Have you sought help elsewhere during your present difficulties? (Please circle) YES NO

Were you given assistance? (Please circle) YES NO

Once applications are received the processing time takes **up to 10 working days** and therefore this application is **NOT FOR EMERGENCY SITUATIONS.**

Signature Date of Application

Please send this application with any supporting information to:
CWA of WA, PO Box 97, West Perth 6872. Alternatively Fax: 9321 6024 or email: info@cwaofwa.asn.au