



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

Student or Applicant Name: _____ Age: _____
Surname Given Names

Current School: _____ Year: _____

Course/study to be taken: _____

Parent's Name (if applicable): _____
Surname Given Names

Address: _____ Post Code: _____

Daytime Phone No: _____ Email: _____

List Parent or Applicant income from ALL 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 (if applicable): _____

Please explain your reason for the application (Provide as much information as possible and attach any invoices or quotes obtained. If you are requesting assistance with school uniforms, please provide a copy of the lists per child). **Please note that funding is NOT provided for IPads/Computers or school textbooks.**

Amount requested (\$): _____

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