

**COUNTRY WOMEN'S ASSOCIATION OF NSW**
APPLICATION FORM FOR EDUCATION GRANTS**IMPORTANT:**

- An applicant can only apply for one grant
- Successful applicants may only apply every third year e.g. If successful in 2012 they cannot apply again until 2015.

PLEASE TICK GRANT BEING APPLIED FOR:

- ☐ **JOPLING EDUCATION GRANT**
Tenable by a child or grandchild of a member to assist with secondary school education
- ☐ **IRENE ASHTON MEMORIAL EDUCATION GRANT**
Tenable by a student to assist with secondary or tertiary education.
- ☐ **MATTHEW ROBINSON EDUCATION GRANT**
Tenable by a girl or girls from the CWA **Western Districts area** to assist with secondary school education
- ☐ **MARY & ELLA HALL EDUCATION GRANT**
Tenable by a student from **Western Districts** to assist with secondary or tertiary education.
- ☐ **GRIFFITH WAR MEMORIAL HOSTEL EDUCATION GRANT**
Tenable by a student from the **CWA Murrumbidgee-Lachlan or Darling River Group areas** for secondary school education.

PLEASE FILL IN ALL THE BLANK SPACES (if not applicable then write N/A).

CWA BRANCH: _____ GROUP: _____ YEAR: _____

FULL NAME OF APPLICANT: _____

FULL ADDRESS OF APPLICANT: _____

_____ Postcode _____

DATE OF BIRTH: _____ CONTACT PHONE NUMBER: _____

PRESENT SCHOOL or EDUCATION FACILITY: _____

PRESENT GRADE: _____

PROPOSED SCHOOL or EDUCATION FACILITY FOR ENROLMENT FOR COMING YEAR: _____

DO YOU HAVE A RELATIVE IN THE CWA? (Y/N): _____ RELATIONSHIP TO YOU: _____

HER NAME & BRANCH: _____

FATHER/GUARDIAN, NAME & ADDRESS: _____

FATHER'S OCCUPATION: _____ EMPLOYED FULL TIME/PART TIME/SELF EMPLOYED?

MOTHER/GUARDIAN, NAME & ADDRESS: _____

MOTHER'S OCCUPATION: _____ EMPLOYED FULL TIME/PART TIME/SELF EMPLOYED

NUMBER OF DEPENDENT CHILDREN LIVING AT HOME (or at boarding school) including applicant:

Under school age _____ Primary school _____

Secondary school _____ Left school _____

University/College/TAFE _____

DOES THE APPLICANT, OR DO THE APPLICANT'S PARENTS ON THEIR CHILDREN'S BEHALF, RECEIVE ANY FINANCIAL ASSISTANCE INCLUDING GOVERNMENT ASSISTANCE? E.g. scholarship/bursary/family tax benefit A or B/AIC/youth allowance (Y/N): _____

DETAILS OF SUCH ASSISTANCE INCLUDING AMOUNTS AND DURATION (strictly confidential):

WRITE A BRIEF OUTLINE OF THE APPLICANT'S AIMS AND GOALS AND HOW OUR ASSISTANCE WOULD HELP:

BRANCH PRESIDENT'S COMMENTS REGARDING ELIGIBILITY:

Branch President's Name (please print): _____

Branch President's Signature: _____ Date: _____

Name of Applicant (please print): _____

Signature of Applicant: _____ Date: _____

(Please note: All applicants must sign regardless of age)

Signature of parent/guardian: _____ Date: _____

(ONLY If child is under 18 years of age)

- Nominations should be sent by Branches to Head Office.
- Applications are considered at the NOVEMBER EXECUTIVE MEETING and should be received at HEAD OFFICE from BRANCHES **NO LATER THAN 30TH SEPTEMBER. LATE ENTRIES WILL NOT BE ACCEPTED.**