



COUNTRY WOMEN'S ASSOCIATION OF NSW APPLICATION FORM FOR STATE EDUCATION GRANTS

<p>IMPORTANT:</p> <ul style="list-style-type: none"> • An applicant can apply for one grant only. • Applications are due no later than 30 September. • Successful applicants may only apply every third year. Eg if successful in 2019 you cannot apply again until 2022. 	<p>Office Use Only:</p> <p>Application No: _____</p> <p>Date received: _____</p>
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PLEASE PLACE ONE TICK ONLY FOR GRANT BEING APPLIED FOR:

- JOPLING EDUCATION GRANT**
Tenable by a child or grandchild (girl/boy) of a member to assist with secondary school education
- IRENE ASHTON MEMORIAL EDUCATION GRANT**
Tenable by a student to assist with secondary school or tertiary education.
- MATTHEW ROBINSON EDUCATION GRANT**
Tenable by 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 to assist with secondary school education.

PLEASE FILL IN ALL THE BLANK SPACES (if a question is not applicable, write N/A).

CWA Branch: _____ Group: _____

Full Name of Applicant: _____

Address of Applicant: _____ Postcode: _____

Date of Birth: _____ Contact Phone No: _____

Contact Email: _____

(Please print clearly as this will be your primary point of contact)

Present School or Education Facility: _____

Present Year Level: _____

Proposed School or Education Facility for next year: _____

Do you have a relative who is a CWA member? (Yes/No): _____

Her relationship to you: _____

Her Name and Branch: _____

Father/Guardian Name & Address: _____

Occupation: _____ Full time Part time Self Employed Retired

Mother/Guardian Name & Address: _____

Occupation: _____ Full time Part time Self Employed Retired

Number of dependent children living with applicant (or at Boarding School):

Under school age _____ Primary School _____ Secondary School _____

Tertiary Education/TAFE _____ Post School _____

Please attach:

- A brief outline of the applicant's goals and aims, and how CWA of NSW assistance would help.
- Two letters of recommendation - one educational, and one other (eg CWA of NSW member, sports coach, Minister of Religion, employer etc but not a family member).

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 student is under 18 years of age)

Should this application be successful, the education grant will be credited directly to the applicant's nominated account (please print clearly to avoid delays).

Account Name: _____

BSB: _____ Account No. _____

Your application form and three attachments should be submitted by email or mail to:

- info@cwaofnsw.org.au or
- CWA of NSW, PO Box 222, MASCOT NSW 1460.

**Applications are due at State Office no later than 30 September.
Late applications will not be considered.**