



GUMALA ABORIGINAL CORPORATION

EDUCATION SUPPORT PROGRAMS

APPLICATION FORM 3.1



Student's Name: _____
(PLEASE COMPLETE 1 APPLICATION FORM PER STUDENT)

Address: _____

DOB: ____ / ____ / ____ PHONE: _____ EMAIL: _____

Education Program: Kindy Primary High School Tertiary

Language Group: Banyjima Innawonga Nyiyaparli

Gumala provides funding for a number of items under this program. Which category best describes does your request?	SCHOOL INFORMATION <small>(Kindy, Primary & High School Students Only)</small>								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Books</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Equipment eg. computers</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Stationery</td> <td style="border: none;"><input type="checkbox"/> Tutoring</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Fees & Contributions</td> <td style="border: none;"><input type="checkbox"/> Camp or Country Week Fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Uniforms</td> <td style="border: none;"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Books	<input type="checkbox"/> Equipment eg. computers	<input type="checkbox"/> Stationery	<input type="checkbox"/> Tutoring	<input type="checkbox"/> Fees & Contributions	<input type="checkbox"/> Camp or Country Week Fees	<input type="checkbox"/> Uniforms	<input type="checkbox"/> Other: _____	School Name: _____ School Location: _____ Child's Grade: _____
<input type="checkbox"/> Books	<input type="checkbox"/> Equipment eg. computers								
<input type="checkbox"/> Stationery	<input type="checkbox"/> Tutoring								
<input type="checkbox"/> Fees & Contributions	<input type="checkbox"/> Camp or Country Week Fees								
<input type="checkbox"/> Uniforms	<input type="checkbox"/> Other: _____								

Details of Request:

Items:	Inv./Quote No.:	Supplier:	Phone:	Amount:
Total:				\$

Comments:

Check List (Please Tick):

<input type="checkbox"/>	Application form is signed and dated
<input type="checkbox"/>	Quote / Invoice is attached
<input type="checkbox"/>	A recent copy of my childs school attendance records are attached
<input type="checkbox"/>	I have ensured that this child is a registered Beneficiary with GAC (if not birth certificate to be provided)
<input type="checkbox"/>	Proof of enrolment records are attached (Tertiary Assistance Only)

Please Note: Once all documentation has been received your application will be processed within 7 business days.

I consent to GAC sharing my / my child's personal details and information with other organisations, where reasonably necessary, to assist with the provision, management and monitoring of goods or services.

Signature: _____ Date: _____

HEAD OFFICE - 1 Stadium Road, Tom Price, WA 6751

POSTAL ADDRESS - PO Box 3167, East Perth, WA 6892

PHONE - 1800 486 252 (1800 GUMALA) EMAIL - applications@gumala.com.au FAX - 08 9188 1846

Disclaimer: Application approvals are subject to eligibility and program guidelines criteria. The Trustee only provides funding for Members and Beneficiaries that are on its register.