



\$250

EDUCATION SCHOLARSHIP APPLICATION FORM

MEMBER NAME:

POSTAL ADDRESS:
(NOT PRISON ADDRESS)

RESIDENTIAL ADDRESS:
(IF USING PO BOX)

SUBURB: POSTCODE: PHONE:

PRISON: EMAIL:

DETAILS OF THE CHILD TO WHOM THE SCHOLARSHIP WILL APPLY

STUDENT NAME:

SCHOOL/INSTITUTION ATTENDED IN 2021:

SCHOOL/INSTITUTION ATTENDING IN 2022:

EXPECTED YEAR OR LEVEL IN 2022:

I hereby indicate that I have a **dependent** child who is in **full time study**. In respect to this application, I acknowledge that it will be subject to a ballot conducted at the Union State Council meeting, and that I have made **only one application (per member)** and accept as final, the result of the ballot.

MEMBER SIGNATURE:

Forms can be sent by Mail: 63 Railway Parade, MOUNT LAWLEY WA 6050

Email: wapou@wapou.asn.au

USE ONLY THIS FORM

**DUPLICATE ENTRIES WILL BE VOID
APPLICATIONS MUST BE RECEIVED NO LATER THAN CLOSE OF BUSINESS
ON TUESDAY 23 NOVEMBER 2021**