



\$250

EDUCATION SCHOLARSHIP APPLICATION FORM

MEMBERS' NAME:

POSTAL ADDRESS:

SUBURB: POSTCODE PHONE

PRISON: EMAIL:

DETAILS OF THE CHILD TO WHOM THE SCHOLARSHIP WILL APPLY

STUDENT'S NAME:

SCHOOL OR INSTITUTE ATTENDED IN 2022:

SCHOOL OR INSTITUTE ATTENDING IN 2023:

EXPECTED YEAR OR LEVEL IN 2023:

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's State Council Meeting, and that I have made **only one application (per member)** and accept as final, the result of the ballot. I understand that the Scholarships must be **used by MARCH 31, 2023**.

MEMBERS SIGNATURE:

Forms can be; mailed 63 Railway Parade, Mount Lawley WA 6050
 faxed 9271 2666
 Emailed wapou@wapou.asn.au

USE ONLY THIS FORM

DUPLICATE ENTRIES AND FORMS OTHER THAN THIS WILL BE VOID

APPLICATIONS MUST BE RECEIVED NO LATER THAN CLOSE OF BUSINESS ON TUESDAY 22nd NOVEMBER 2023.