



GUMALA ABORIGINAL CORPORATION

EDUCATION ASSISTANCE

Application Form

STUDENTS NAME _____

PARENTS NAME _____

Early Primary Secondary Tertiary Scholarship

DOB: ____/____/____ Language Group: Banyjima Innawonga Niyaparli

BIRTH CERTIFICATE PROVIDED: YES Certificate # _____ NO

RESIDENTIAL ADDRESS: _____

FUNDS REQUESTED: _____

ITEM	AMOUNT
TOTAL	\$

SUPPLIER DETAILS:

COMPANY NAME	PHONE #	FAX #

Signature: _____ Date: _____

Forward completed applications to: Fax: 08 9188 1846 Email: gac@gumala.com.au

Office Use Only

Date received: _____	By: _____
Comments: _____	
Date processed: _____	By: _____
Comments: _____	

Gumala Aboriginal Corporation, PO Box 61, TOM PRICE WA 6751

PH: 1800 486 252 (1800 GUM ALA) FAX: 08 9188 1846 EMAIL: gac@gumala.com.au