



GUMALA ABORIGINAL CORPORATION

6.4

SCHOLARSHIP ASSISTANCE

Registration Form

NAME: _____

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

BIRTH CERTIFICATE PROVIDED: YES **Certificate #** _____ **NO**

RESIDENTIAL ADDRESS: _____

REGISTRATION COMPLETED: Secondary Tertiary

(Registration form must be completed prior to applying for Scholarship assistance)

ASSISTANCE REQUIRED: *(Please provide as much detail as possible)*

LENGTH OF COURSE: *(e.g. 1 year, 5 years, etc)*

Are you eligible for assistance from:

IBN	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____
MIB	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____
Other	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____

Have you applied to ABSTUDY for assistance: YES NO
(If yes - when, what is the progress? If no - why not?)

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
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