

EDUCATION ASSISTANCE PROGRAM

APPLICATION FORM



STUDENTS NAME: _____

ADDRESS: _____

DOB: ____/____/____

Language Group: Niyaparli Banyjima Innawonga

PRIMARY CARE GIVER: _____

ADDRESS: _____

Mobile: _____ Home: _____

Fax: _____ Email: _____

Period of time assistance will be required: (Once off, Monthly, Term of course) _____

Is the student or trainee currently enrolled in an educational program or training course? YES NO

Please attach details of the program or course

Are you currently receiving ABSTUDY? : YES NO - If no when will you be applying? _____

What assistance are you seeking from Gumala?

ATTACHMENTS:

- Please attach a **Birth Certificate** for the applicant (*Gumala will assist in obtaining one if you do not have one. Ask for an application.*)
- Please attach confirmation of the Student's enrolment
- Include a schedule of tuition and boarding fees and/or other costs you are seeking
- If alternative residential facilities are being used, please attach relevant documentation.
- Report from Institution should be provided biannually

NOTE:

- (1) Your application will be processed when it is fully complete with appropriate documentation/quotes attached. Food/Fuel vouchers can take up to 2 days, all other applications may take up to 7 days.
- (2) If you are unhappy with the decision you can appeal. GAC can assist you with this.
- (3) Payments are **ONLY** made directly to suppliers.
- (4) All applications will be assessed according to GAC Funding Guidelines to ensure a fair and just outcome.

PLEASE CHECK THE FOLLOWING

- I have **FULLY** completed this application.
- I have attached **ALL QUOTES** and/or **FULL COPIES OF BILL DETAILS** (front and back pages).
(Unless this information is received your application cannot be processed)
- I have read and understand the attached Education Assistance Program Information Sheet

_____ Date: ____ / ____ / ____

(Signature)

The person signing this form must be the parent or primary caregiver if the student is under 18.
Please sign and date this Application Form only if you are a Registered Gumala Member.

Please forward your fully completed application to the:

Member Services Unit, Gumala Aboriginal Corporation, PO Box 61, TOM PRICE, WA 6751**PH: 1800 486 252 (1800 GUM ALA) / 08 9188 1845 / FAX: 08 9188 1846**

EMAIL: memberservices@gumala.com.au - the SUBJECT HEADING must include the following:
YOUR NAME, EDUCATION ASSISTANCE PROGRAM

EDUCATION ASSISTANCE PROGRAM

INFORMATION SHEET



The aim of the program is to increase the number and level of qualifications achieved by Gumala Members.

The objectives of this program are:

To facilitate access to high quality education, to assist member's children with the costs of School Uniforms, School Fees, School Book List, Stationery, Swimming Lessons and other associated school costs.

It is also intended that the Gumala Education Assistance will link with:

1. Local initiatives to improve education outcomes for indigenous students
2. City High School based initiatives to improve education outcomes for indigenous students
3. City post-secondary institution based initiatives to improve education outcomes for Indigenous tertiary students and trainees.
4. Gumala Education Assistance is designed to complement the assistance available to Indigenous Students through ABSTUDY and/or any other organisation you are members of e.g. MIB, IBN, etc.

Members are eligible for this benefit if they are:

- Are clearly registered as a Member of Gumala Aboriginal Corporation at the time of their application.
- Children of Gumala Members - **The child must be a blood relation (a birth certificate will be required), the child's parent or grandparent must be a Gumala Member.**

Applicants for this grant must:

- Complete an Application Form (*Form 6.0*) specifying the purposes for which the benefit will be used (GAC can assist with this).
- Attach a full copy of bills and/or quotes.
- Submit a letter to support your application if it is outside the guidelines.

Please Note:

- Applicants will be notified of the outcome of their application within **7 working days** of GAC receiving all required documentation.
- Retrospective payments for goods will not be made.
- Payments cannot be made to individuals – they can only be made to third party suppliers.
- Benefits are not transferrable to another person.

ON YOUR APPLICATION FORM PLEASE CHECK THE BOXES AND SIGN

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