



## COUNTRY WOMEN'S ASSOCIATION OF NSW APPLICATION FORM FOR STATE EDUCATION GRANTS

<b>IMPORTANT:</b> <ul style="list-style-type: none"><li>An applicant can apply for one grant only.</li><li>Applications are due no later than 30 September.</li><li>Successful applicants may only apply every third year. Eg if successful in 2021 you cannot apply again until 2024.</li></ul>	<b>Office Use Only:</b> Application No: _____ Date received: _____
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**PLEASE PLACE ONE TICK ONLY FOR GRANT BEING APPLIED FOR:**

- JOPLING EDUCATION GRANT**  
Tenable by a child or grandchild (girl/boy) of a member to assist with secondary school education
  
- IRENE ASHTON MEMORIAL EDUCATION GRANT**  
Tenable by a student to assist with secondary school or tertiary education.
  
- MATTHEW ROBINSON / MARY & ELLA HALL EDUCATION GRANT**  
Tenable by a student from the CWA **Western Districts** area to assist with secondary or tertiary education.
  
- GRIFFITH WAR MEMORIAL HOSTEL EDUCATION GRANT**  
Tenable by a student from the **CWA Murrumbidgee-Lachlan or Darling River Group** areas to assist with secondary school education.

**PLEASE FILL IN ALL THE BLANK SPACES (if a question is not applicable, write N/A).**

CWA Branch: \_\_\_\_\_ Group: \_\_\_\_\_

Full Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Contact Phone No: \_\_\_\_\_

Contact Email: \_\_\_\_\_

*(Please print clearly as this will be your primary point of contact)*

Present School or Education Facility: \_\_\_\_\_

Present Year Level: \_\_\_\_\_

Proposed School or Education Facility for next year: \_\_\_\_\_

Do you have a relative who is a CWA member? (Yes/No): \_\_\_\_\_

Her relationship to you: \_\_\_\_\_

Her Name and Branch: \_\_\_\_\_

Father/Guardian Name & Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Full time  Part time  Self Employed  Retired

Mother/Guardian Name & Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Full time  Part time  Self Employed  Retired

Number of dependent children living with applicant (or at Boarding School):

Under school age \_\_\_\_\_ Primary School \_\_\_\_\_ Secondary School \_\_\_\_\_

Tertiary Education/TAFE \_\_\_\_\_ Post School \_\_\_\_\_

**Please attach** (essential information for your application to be considered):

- A brief outline of the applicant's goals and aims, and how CWA of NSW assistance would help.
- Two letters of recommendation - one educational, and one other (eg CWA of NSW member, sports coach, Minister of Religion, employer etc but not a family member).

Name of Applicant (please print): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please note: All applicants must sign regardless of age)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Only if student is under 18 years of age)

Should this application be successful, the education grant will be credited directly to the applicant's nominated account (please print clearly to avoid delays).

Account Name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account No. \_\_\_\_\_

Your application form and **three** attachments should be submitted by email or mail to:

- info@cwaofnsw.org.au or
- CWA of NSW, PO Box 222, MASCOT NSW 1460.

**Applications are due at State Office no later than 30 September.  
Late applications will not be considered.**