

POST EDUCATION FUND APPLICATION FORM



TOTAL AMOUNT YOU CAN APPLY FOR IS \$750.00 PER FINANCIAL YEAR

FIRST NAME: _____

MIDDLE NAME: _____

SURNAME: _____

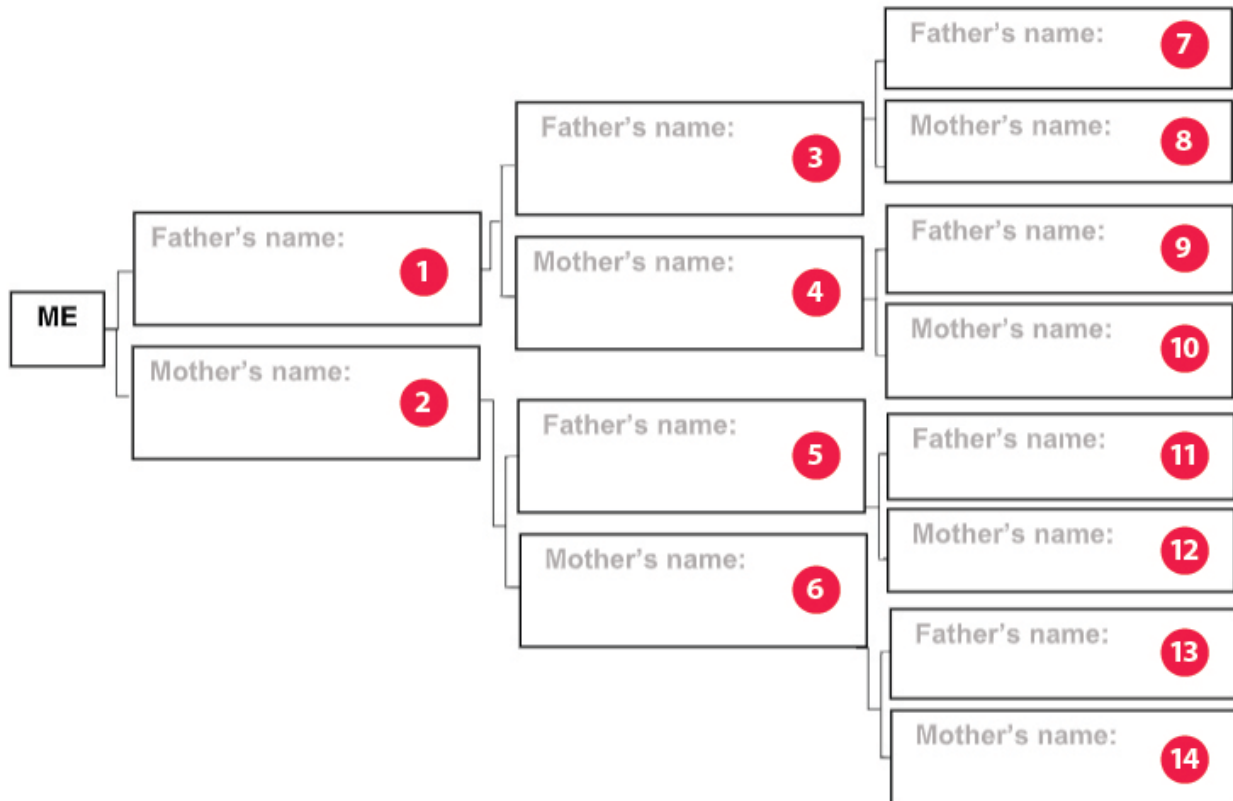
DATE OF BIRTH: _____

STREET: _____

SUBURB: _____ POSTCODE: _____

EMAIL: _____

MOBILE: _____



Application Declaration –

I have read and understand the Policy and I declare all information supplied to be true and correct.

Signature: _____ Date: _____

For any application enquiries please contact the office on 08 9997 3444 or email members@wajarri.com.au