

YOUTH 16-25 YEARS FUND APPLICATION FORM



TOTAL AMOUNT OF FUNDING IS \$190 PER FINANCIAL YEAR

FIRST NAME: _____

MIDDLE NAME: _____

SURNAME: _____

DATE OF BIRTH: _____

STREET: _____

SUBURB: _____ POSTCODE: _____

EMAIL: _____

MOBILE: _____

| | | | |
|----|------------------|------------------|-------------------|
| ME | Father's name: 1 | Father's name: 3 | Father's name: 7 |
| | Mother's name: 2 | Mother's name: 4 | Mother's name: 8 |
| | | Father's name: 5 | Father's name: 9 |
| | | Mother's name: 6 | Mother's name: 10 |
| | | | Father's name: 11 |
| | | | Mother's name: 12 |
| | | | Father's name: 13 |
| | | | Mother's name: 14 |

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

Wajarri Yamaji Aboriginal Corporation (ICN 7878)
Engaging, empowering and investing in Wajarri Yamaji People's future