

YOUTH 16-25 YEARS FUND APPLICATION FORM



TOTAL AMOUNT OF FUNDING IS \$385 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
	Mother's name: 2	Father's name: 5	Father's name: 9		
	Mother's name: 2	Mother's name: 6	Mother's name: 10		
	Mother's name: 2	Father's name: 5	Father's name: 11		
	Mother's name: 2	Mother's name: 6	Mother's name: 12		
	Mother's name: 2	Father's name: 5	Father's name: 13		
	Mother's name: 2	Mother's name: 6	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 Yamatji People's future