

COMMUNITY PROGRAM 2:

EDUCATION PROGRAM

2.1 PRE-SCHOOL TO YEAR 12

Please complete ONE application form per student.

This program provides for education expenses per financial year of up to:

\$500 per child for pre-kindy, kindy and pre-primary students

\$2,500 per child for primary school students (Year 1 to Year 6)

\$3,500 per child for high school students (Year 7 to Year 12)

All Dependent Children **must be** registered with IBN using the Dependent Child Advice Form.
Only the IBN parent or legal carer may apply for education benefits for a child.

Applicant details

IBN member or legal carer's full name

Date of Birth / /

Gender Male Female

Language Group

Yinhawangka Banyjima Nyiyaparli Non-IBN legal carer

Student's name

Date of Birth / /

Gender Male Female

Current home address

Postcode

Phone

Email address

Have your personal details changed?

No

Yes (If yes, please complete an 'Update personal details' form and attach it to your application.)

What year is the child enrolled in?

Name of School

Location of school

Is the student eligible for ABSTUDY? No Yes (If yes, please provide relevant documents)

Items for purchase (NO CASH PAYMENTS)

For details on what expenses IBN will cover, please see the IBN 2022-23 Community Programs Handbook, or the IBN website: www.ibngroup.com.au

Description of item (what is the money for?)	Name of supplier (who is being paid?)	Amount
		\$
		\$
		\$
		\$
	TOTAL	\$

Comments

Required Documents (please attach)

Proof of enrolment	Original supplier quotes/invoices for listed items
Evidence of ABSTUDY entitlement (if eligible)	IBN Dependent Child Advice Form (if required)
Other scholarship details	IBN Update Personal Details form (if required)
Student Travel Subsidy (DoT) or ABSTUDY Fares Allowance form	

Declaration

I declare that the information in this form is true and correct.

I agree that IBN:

- may share my information with other organisations to assist in application assessment, and
- may contact the school to obtain the child's attendance records and reports to assist IBN to monitor progress and provide additional assistance where necessary.

Signature

Date

/ /

Need help?

Contact: (08) 9140 0900
Freecall: 1800 014 401

Return this application to:

Email to: applications@ibngroup.com.au
Post: PO Box 2390, South Hedland, WA 6722
Fax: 08 9140 0996
In person: 3 Brand Street, South Hedland
973 Central Road, Tom Price
Unit 3, 4 Welcome Road, Karratha

Office use only

Date received CP#

Received by

IBN Corporation Pty Ltd | ACN 093 140 240