

IBN CHILD UNDER NON-MEMBER

- Education \$500 Kindy & Pre-Primary, \$2,500 Year 1-6, \$3,500 High School
- Scholarships \$16,500
- General Health \$12,000
- Dental health \$10,000
- Medical Travel \$5,500

IBN Member's Full Name:

Registered Home Address:

Phone: Email Address:

Student's Full Name: Date of Birth:

Name and Language Group of IBN Perant:

Language Group: Yinhawangka Banyjima Niyaparli

Reason for Applying:

What year is the child enrolled in? Name of School:

Is the student eligible for ABSTUDY / Youth Allowance? Yes No

Description of Item:	Name of Supplier:	Amount:
<input type="text"/>	<input type="text"/>	\$
<input type="text"/>	<input type="text"/>	\$
<input type="text"/>	<input type="text"/>	\$
<input type="text"/>	<input type="text"/>	\$
Total		\$

Comments:

I declare that the information I have provided in this form is true and correct, and the benefits requested are for my own use.

I agree that IBN may share my information with other organisations for application assessment purposes.

Signature: Date:

Need Help Contact IBN:

South Hedland Office: 3 Brand Street South Hedland 6722

Karratha Office: Unit 3 / 4 Welcome Road Karratha 6714

Tom Price Office: Shop 1, 973 Central Road Tom Price 6751

Email: applications@ibngroup.com.au

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