

COMMUNITY PROGRAM 2: **EDUCATION PROGRAM**

- 2.1 PRE-SCHOOL TO YEAR 12
- 2.2 PRIVATE HIGH SCHOOL SCHOLARSHIPS 2023
- 2.3 PUBLIC HIGH SCHOOL BOARDING & TRAVEL

IBN Member's Full Name:

Membership Number:

Date of Birth:

Registered Home Address:

Phone:

Email Address:

Language Group:

Yinhawangka

Banyjima

Niyaparli

Student's Full Name:

Date of Birth:

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:

\$
\$
\$
\$
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

Phone: 08 9140 0900

Phone: 08 9185 1499

Phone: 08 9189 3706