

Yinhawangka Charitable Trust Distribution Application Form

Education, Work Preparation and Training Policy

Advancing Social Welfare

Provides each registered beneficiary, as well as their dependants and/or spouse, with financial assistance to cover the costs associated with pre-school, primary, secondary and tertiary education e.g. school uniforms, tutoring, books, stationery, school fees, excursions, payment to a school for school lunches (not to beneficiary), computer/tablet etc. Includes flights to and from school or other education institutions for students that are boarding. Includes the cost of attending an early learning centre (day care), school camps, tutoring and TAFE fees/special courses, covering the costs for graduation ceremonies, purchase of bicycles, conferences and associated costs (these costs will be paid at the ATO rate) along with the costs and courses associated with work preparation and training in seeking employment and education resources to learn the Yinhawangka language.

BENEFICIARY IN	IFORMAT	ION						
Application Date:					Date of Birth:			
Full Name:						Suf	ffix: ☐ Junior ☐ Senior	
Street Address:								
City / Suburb:					State:	Postcode:		
Email:					Phone:			
EDUCATION DE	TAILS – co	mplete r	elevant field	ls				
School / Institution:								
Attendee's Name:		Dat	ate of Birth: Year/Grade:					
Relationship to bene	ficiary:							
FUNDS REQUEST	ГЕО							
Course / School Fees:	School \$			☐ Primary / High school ☐ Child Care ☐ Tertiary / Higher education				
Books / Stationery / Computer/Tablet:				☐ Books ☐ Stationery ☐ Computer/tablet ☐ Tutoring				
School lunches / Uniforms / Bicycles:	\$	☐ Lunches ☐ Uniforms ☐ Bicycles						
Work prep courses:	o courses: \$		Course type:					
Other:	\$		Please Specify:					
Total funds requested			Up to \$15,000 per beneficiary per financial year (included in overall combined limit of \$15,000) \$500 may be paid direct to beneficiary; balance paid to suppliers or reimbursed upon provision of invoices and receipts.					
REIMBURSEMEN	NT OR PA	YMENT	DIRECT TO	SU	PPLIER?			
Have you already paid the bill?		Yes 🗆 No						
If 'yes' please provide:		☐ Invoice detailing services from supplier and the amount paid; and ☐ Receipt / Bank statement / Remittance / Pay slip showing the funds were paid from your bank account.						
If 'no' please provide:		☐ Invoice detailing services from supplier showing the amount owed; and ☐ Supplier contact, payment details and ABN, these details should be included on the supplier invoice.						



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Please send completed forms and supporting documents to Mutual Trust by:

Fax: (08) 9230 7701 Email: perthadmin@mutualtrust.com.au
Mail: Mutual Trust, PO Box 122, NEDLANDS WA 6909
If you have any queries, please contact us on (08) 9230 7700