

COMMUNITY PROGRAM 2:

## EDUCATION PROGRAM

### 2.3 PUBLIC HIGH SCHOOL BOARDING & TRAVEL

Please complete ONE application form per student.

This program provides up to \$5,000 per student / per financial year for public school boarding fees and travel expenses.

**For general education expenses please complete *Pre-school–Year 12 Expenses form 2.1***

All Dependent Children must be registered with IBN using the Dependent Child Advice Form and only the parent or legal carer of a dependent child may apply for education benefits to assist the child.

#### Applicant details

Parent or legal carer's 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 – ABSTUDY will fully cover the boarding fees*)

Does the student receive a scholarship from another organisation?

No Yes (*if yes which one?*)

Name of Scholarship

## Items for purchase (NO CASH PAYMENTS)

For details on what expenses IBN will cover, please see the IBN 2021-22 Community Programs Handbook, or the IBN website: [www.ibngroup.com.au](http://www.ibngroup.com.au)

Description of item (what is the money for?)	Name of supplier (who is being paid?)	Amount
		\$ <input type="text"/>
		\$ <input type="text"/>
		\$ <input type="text"/>
		\$ <input type="text"/>
	TOTAL	\$ <input type="text"/>

Comments

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## Required Documents (please attach)

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

## Declaration

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

I agree that

- IBN may share my information with other organisations for application assessment purposes.
- I agree that IBN may contact the school to obtain attendance records and reports for the child to assist IBN to monitor progress and provide additional assistance where necessary.

Signature

Date

/ /
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### Need help?

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

### Return this application to:

Email to: [applications@ibngroup.com.au](mailto: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