

# ANKAMUTHI CHARITABLE TRUST

## DISTRIBUTION APPLICATION FORM

# EDUCATION AND JOB TRAINING



### Advancing Education

Provides each registered beneficiary and their biological children with financial assistance for education, childcare and job training costs up to a limit of \$7,500 per financial year.

SECTION 1 - BENEFICIARY INFORMATION			
Application Date: ____/____/____		Date of Birth: ____/____/____	
Full Name:		Suffix: <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
<input type="checkbox"/> If your contact details are the <b>same</b> , tick the box and skip to Section 2. If <b>changed</b> , please update below			
Street Address:			
City / Suburb:		State:	Postcode:
Email:		Phone:	
SECTION 2 - EDUCATION DETAILS			
School / Institution:			
Student's Name:		Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter	
Year / Grade:		Date of Birth: ____/____/____	
SECTION 3 - FUNDS REQUESTED - TICK BOXES OR PROVIDE NOTES			
<input type="checkbox"/> School	<input type="checkbox"/> Course Fees	<input type="checkbox"/> Camps & Excursions	<input type="checkbox"/> Educational Resources
<input type="checkbox"/> Books	<input type="checkbox"/> Stationery	<input type="checkbox"/> Laptop / Tablet	<input type="checkbox"/> Printers
<input type="checkbox"/> Software	<input type="checkbox"/> School Uniforms	<input type="checkbox"/> Shoes	<input type="checkbox"/> Boarding Support (\$500 cash payment)
<input type="checkbox"/> Child Care Support			
Notes _____			
_____			
_____			
IS THIS A REIMBURSEMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach quote/tax invoices)			
TOTAL OF CLAIM		\$	

**Applications will NOT be processed until supporting documentation and supplier payment details are received.**

- I am not eligible for benefits from any other funding source in relation to this account (e.g. another Trust or government agency).
- I understand that my application will be processed by the Trustee (Mutual Trust) within **FIVE (5) business days once all required supporting documentation has been received.**

**Beneficiary Signature:**

**Date:**        /        /

**Please send completed forms and supporting documents to Mutual Trust by:**  
**Fax:** (08) 9230 7701 **Email:** [Ankamuthi@Mutualtrust.com.au](mailto:Ankamuthi@Mutualtrust.com.au) **Mail:** Mutual Trust, PO Box 122, NEDLANDS WA 6909  
If you have any queries, please contact us on (08) 9230 7744