



**WESTERN  
CHANCES**

# TERTIARY SCHOLARSHIP PROFORMA INVOICE

**Round:** (office use only)

Applicant's name: \_\_\_\_\_

Student ID number: \_\_\_\_\_

## Bank Details

Bank: \_\_\_\_\_

Name of account: \_\_\_\_\_

BSB: \_\_\_\_\_

Account No: \_\_\_\_\_

Total amount applied for: \_\_\_\_\_

---

[This section – office use only]

## PROGRAM SUBCOMMITTEE RECOMMENDATION

Amount Awarded: \_\_\_\_\_

Awarded For: \_\_\_\_\_

## Subcommittee Member/s

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Western Chances Program Manager

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_