



**WESTERN
CHANCES**

**TERTIARY SCHOLARSHIP
PROFORMA INVOICE**

Round: (office use only)

N117

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: _____