



# Youth Achievement Grant application form

## Personal details

Name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Age \_\_\_\_\_  
Residential address \_\_\_\_\_  
Suburb \_\_\_\_\_ Postcode \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_  
Postal address *(if different from above)* \_\_\_\_\_

## Event details

Event title \_\_\_\_\_  
Event date \_\_\_\_\_  
Location and venue \_\_\_\_\_  
Please give a brief description of the event, competition or community project.  
\_\_\_\_\_  
\_\_\_\_\_

## Grant expenditure

Please indicate the amount of the contribution requested from the City of Subiaco  
 State (\$100)                       National (\$200)                       International (\$400)

Please give brief details of the expenditure  
(can include travel costs, fees, equipment, uniform and project costs):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Support of application

All applications must be supported by an associated organisation or institution (eg academic, arts, cultural, community or sporting organisation or institution).

Please provide the details of the institution or organisation that supports your application and enclose a letter of support.

**Contact person** \_\_\_\_\_

**Position held** \_\_\_\_\_

**Institution/organisation** \_\_\_\_\_

**Phone number** \_\_\_\_\_

## Payment details

Do you have a bank account in your own name?

**Yes**      The cheque will be made payable to you.

**No**      The cheque will be made payable to your parent/guardian.

If you answered no, please provide your parent/guardian details below.

**Name** \_\_\_\_\_

**Postal address** \_\_\_\_\_

**Phone** \_\_\_\_\_

## Declaration

I declare that the information provided in this application is correct. If this application is successful, I declare that the Youth Achievement Grant provided by the City of Subiaco will be expended in accordance with details provided in this application.

For applicants over 18:

**Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

For applicants under 18 (parent or guardian details and signature are required):

**Parent/guardian name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone** \_\_\_\_\_

## Checklist

Eligibility criteria:

- I am a resident of the City of Subiaco.
- I am aged 12 to 25 on date the event.
- I have enclosed a letter of support from the associated organisation or institution.
- I am aware the maximum grant amount that can be received within a 12 month period is \$400.
- The grant is not being paid to a club administrator, trainer or coach.
- If I am under 18, my parent or guardian's details and signature have been included.