Youth Financial Assistance Form Preview

Criteria Conditions

Youth Assistance

Youth Assistance supports the personal development of young people under the age of 18 to compete in officially recognised competitions in the areas of sport, recreation, cultural or academic endeavors.

Grants to individuals and teams are made available to assist with costs associated with travel, accommodation, nomination fees and the purchase of uniforms.

Written confirmation from the governing body confirming the individual or team selection must be attached to this application as part of the supporting documentation.

Regional Level State Level National / International Level Team \$300Individual \$150 Team \$400 Individual \$200 Team \$600 Individual \$300

Criteria Conditions

- In accordance with the Cassowary Coast Regional Council Community Grants Policy, financial assistance is made available by Council each year, in the form of a one off grant to local individuals and teams who have demonstrated outstanding achievements in their chosen field. Applicants are entitled to one financial payment per financial year.
- The aim of the Program is to assist young people under the age of 18 years selected to compete in officially recognised competition at North Queensland, Queensland or Australia representation level, or equivalent in the areas of sport, recreation, cultural or academic endeavours.
- Selection must be on the basis of merit, by way of formal selection process at a lower level of competition. Assistance does not extend to cases where participation is generally open to all interested participants.
- Grants to individuals and teams are made available to assist with costs associated with travel, accommodation, nomination fees and the purchase of uniforms.
- The use of any part of the grant for purposes other than specified above is not permitted.
- No applications for funding under this program will be considered for payment in any financial year once Council's total budget allocation for this purpose has been reached.
- Written confirmation from the governing body confirming the individual or team selection **must** be attached to this application as part of the supporting documentation. The application will not be processed if this requirement is not attached to the application.
- There shall be recognition of the Council's contribution to the applicant.
- Please allow up to 10 business days for a submitted and approved application to be processed

Youth Financial Assistance Form Preview

Applicant			
* indicates a requir	ed field		
Applicant Deta	ils		
Name of Applica	nt *		
Date of Birth *			
Must be a date.			
Full Name of Par	ent of Guardian *		
Email *			
Must be an email add	dress.		
Phone Number *			
Must be an Australian	n nhone number		
	i priorie riurriber.		
Postal Address * Address			
Event Details			
Lvent Details			
Name of Event *			
Category of Sele	ction *		
Event Type *			
○ Sport	Recreation	○ Cultural	Academic
Date of Event *			
Must be a date.			

Youth Financial Assistance

Form Preview

Location of Event *	
Level of Funding	

Funding Type

Regional Level

- Competing at a Regional / North Queensland Level
- eg: selected to represent Peninsula School Sport and or North Queensland
- Eligible for Individual \$150
- **Team** \$300

State Level

- Competing at a State Level
- eg: Selected to represent Queensland and verse other states
- Eligible for Individual \$200
- Team \$400

National / International Level

Competing at a National / International Level

○ Team

- eg: Selected to represent Australia to compete against other countries
- Eligible for Individual \$300
- **Team** \$600

Level of Funding *

○ Individual

	International	
Team Members Name	Date of Birth	
	Must be a date.	

Level of Funding *

○ State

National /

Total Amount Requested *

Youth Financial Assistance Form Preview

\$

Must be a dollar amount.

What is the total financial support you are requesting in this application?

Certification

* indicates a required field

All Applicants

I, the undersigned, certify that:

The Council treat all personal information in accordance with the *Information Privacy Act* 2009. Your personal information has been collected for the purpose of assessing your Application for Approval. The collection of your in accordance with the Information Privacy Act 2009. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your information will not be given to any other person or agency unless you have given Council permission or the disclosure is required by law.

- have read and understood the Information Privacy and Right to Information Statement and agree to the use and disclosure of information as outline in the Statement and agree to the terms and conditions outlines in the Cassowary Coast Regional Council Grants Policy.
- I certify that to the best of our knowledge, the information given in this document, is true and accurate.

Agree * ○ Yes	○ No
Parent / Guardian Name if under 18 year	rs of age

EFT Payment Form

Please complete an <u>EFT Payment Form</u>. If you need any assistance please contact community@ccrc.qld.gov.au. Once you have completed this form please upload below.

EFT Payment Form * Attach a file:	

Statement by a Supplier

Please complete an Statement by a Supplier form.

Please upload completed form below.

Statement by Supplier Upload *

Attach a file:

Youth Financial Assistance Form Preview

New Section	
Written confirmation from the governing selection * Attach a file:	body confirming the individual or team