

Youth InterACT Scholarship Application Form - 2022

Form Preview

Form Explanation

Information

Before You Start

Please refer to the Youth InterACT Scholarship Program Guidelines before completing your application form.

For a copy of the Guidelines and for updates and answers to questions please visit: <https://www.act.gov.au/money-and-tax/grants-funding-and-incentives/funding-for-young-people-to-attend-events>

Individual applicants must be over the age of 18 to fill in this form. If you are filling out this form on behalf of a minor please use your name as the primary contact person.

For more information please contact the Office for Youth Engagement team during business hours on (02) 6205 0563 or email youthinteract@act.gov.au. Further information and updates can also be found at <https://www.act.gov.au/money-and-tax/grants-funding-and-incentives/funding-for-young-people-to-attend-events>

For assistance with submitting an application through the SmartyGrants system please contact Community Relations and Funding Support by email CSDGrants@act.gov.au.

*** Applications are assessed by a Scholarship Committee on the last Friday of every month. Applications will need to be received 7 days prior to the Committee's meeting dates otherwise they will not be considered. If applications are not received 7 days prior to the Committee meeting, applications will automatically be considered in the following month.

***Please allow up to six weeks for processing of your application and factor this time in when submitting your application.

To complete this application you will need the following documents, proof of residency or school attendance in the ACT, Insurance Certificate if a group event, proof of interest or registration to an event or participate in the activity.

You can log in and out of the SmartyGrants application with use of your password. If you have any inquiries or concerns, please seek assistance from the Office of Youth Engagement team during business hours on (02) 6205 0563 or email youthinteract@act.gov.au.

Applicant Eligibility Requirement and Contact Details

* indicates a required field

Applicant Type

The Youth InterACT Scholarships provide funding of up to \$500.00 for individual applications and up to \$1,500.00 for groups applications for young people between the ages of 12 - 25 to attend an activity of a learning capacity, sporting, conference, personal or career development.

Are you applying Youth InterACT Scholarship as: *

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- Individual
- Group

Applicant Eligibility Requirements - Individual

Are you aged between 12-25 years? *

- Yes
- No

Please upload a copy of your age identification. For example, birth certificate / drivers licence / student ID *

Attach a file:

Are you an international student? *

- Yes
- No

Please note: International students are not eligible to apply for a Youth InterACT Scholarship.

Do you live in the ACT? *

- Yes
- No

Do you attend school in the ACT? *

- Yes
- No
- N/A

If yes, please upload evidence of your ACT residency or ACT School attendance. *

Attach a file:

*** Evidence of residency must state your current address, have a date of issue displayed and must not be older than six (6) months. For example a copy of a recent rates notice, rent or utility statement or drivers licence. *** ACT School Attendance - student ID, letter or email from school, parents Concession Card or Student Report with a date of issue displayed and must not be older than six (6) months.

Have you received a Scholarship or Grant from the Community Services Directorate through the Youth InterACT initiative in the past twelve months? *

- Yes
- No
- Not sure

If yes, was it for

- Youth InterACT Scholarship
- Youth InterACT Grant

Please specify

If yes, please provide information about when and what you received a scholarship or grant for?

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Applicant Eligibility Requirements - Group

Is every group member aged between 12-25 years? *

- Yes No

Please upload a copy of age identification. For example birth certificate / drivers licence / student ID *

Attach a file:

Is any group member an international student? *

- Yes No

Please note: International students are not eligible to apply for the Youth InterACT Scholarship.

Does every group member live in the ACT? *

- Yes No

Do the group member/s attend school in the ACT? *

- Yes No N/A

Is your project/event ACT based project/event? *

- Yes No

If yes, please upload evidence of your ACT residency or ACT School attendance. *

Attach a file:

*** Evidence of residency must state your current address, have a date of issue displayed and must not be older than six (6) months. For example a copy of a recent rates notice, rent or utility statement or drivers licence. *** ACT School Attendance - student ID, letter or email form school, parents Concession Card or Student Report with a date of issue displayed and must not be older than six (6) months.

Have any group members received a Scholarship or Grant from the Community Services Directorate through the Youth InterACT initiative in the past two (2) years? *

- Yes No Not sure

If yes, was it for:

- Youth InterACT Scholarship
 Youth InterACT Grant
 Other:

Please specify

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If yes, please list the name/s of the successful recipient/s as below:

Applicant Details - Individual

Applicant *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of secondary applicant if this application is on the behalf of a minor.

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship to minor

Home Address *

Address

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal Address (if different from the above)

Address

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Must be an Australian postcode.

Preferred Contact Number *

Must be an Australian phone number

Secondary Contact Number

Email Address *

Must be an email address

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Date of Birth *

Must be a date

Country of birth *

Gender *

- Male Female Other

Do you identify with any of the following: *

- a young carer for a family member (e.g. siblings, parent, guardian)
- person from an Aboriginal or Torres Strait Islander background
- person from a culturally and linguistically diverse background
- young person with a disability (For example, a person who has a limitation, restriction or impairment which has lasted or is likely to last for at least six months that restricts participating in everyday activities)
- a member of the LGBTQIA+ community
- none of the above

You can choose more than one (1) option.

Occupation *

- student
- trainee
- apprentice
- intern
- employed
- unemployed

If you are employed please identify the type of employment *

- Full time
- Part time
- Casual hours
- Not applicable if unemployed

Do you earn an average of more than \$500.00 (after tax) per fortnight? *

- Yes
- No
- Not applicable if unemployed

If yes, please select the appropriate earning category *

Will this average income be the same for the next six months? *

Do you or your guardian have a Health Care Card or Concession Card? *

- Yes
- No

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Are you from a single income family? *

- Yes
 No

Applicant Details - Group

Name of Group *

Name of Associated Organisation

Organisation Name

(e.g name of school, community centre etc.)

Preferred Postal Address *

Address

Suburb State Postcode

Must be an Australian postcode.

Preferred Contact Person *

Title First Name Last Name

Preferred Contact Number *

Must be an Australian phone number.

Preferred Email Address *

Must be an email address.

Secondary Contact Person

Title First Name Last Name

Secondary Phone Number

Must be an Australian phone number.

Secondary Email Address

Must be an email address.

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How many participants/ team members are involved in this activity/event? Please provide a gender and diversity breakdown of the young people involved in this event/activity.

Do any of the group hold an ACT Services Access Card? *

- Yes
 No

If yes, please upload a copy of ACT Services Access Card

Attach a file:

Do any group members identify with any of the following? *

- a young carer for a family member (e.g. siblings, parent, guardian etc.)
 a person from an Aboriginal or Torres Strait Islander background
 a person from a culturally and linguistically diverse background
 a young person with a disability (For example, a person who has a limitation, restriction or impairment which has lasted or is likely to last for at least six months that restricts participating in everyday activities)
 a member of the LGBTQIA+ community
 None of the above

You can choose more than one (1) option.

Is this group *

- part of a school/CIT/University
 a sporting team associated with a club
 a group of young people supported through a youth service
 a community group
 Other:

Occupation of group members *

- student
 trainee
 apprentice
 intern
 employed
 unemployed
 a combination of all of the above

Do any of the group or their guardians have a Health Care Card or Concession Card? *

- Yes
 No

Are any of the group from a single income family? *

- Yes
 No

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Attach a copy of your identification here. For example; birth certificate/drivers licence/student ID

Attach a file:

Project Details

* indicates a required field

Activity/Event Details

Applications are assessed by the Scholarship Committee on the last Friday of every month. Applications must be received 7 days prior to the Scholarship Committee meeting. When submitting a scholarship application, you must factor in six weeks from the start date of the event/project. Applications received with an event start date that is less than six weeks will be deemed ineligible.

*Retrospective payments for activities/events that have already occurred or been attended are not eligible for funding.

Name of activity/event *

Please provide a detailed description of the course, activity or event the group/you (or the young person you are supporting) are planning to attend. OR Please details the resources, equipment, or materials the group/you (or the young person you are supporting) need to study, work or develop personally or professionally *

Activity/Event start date *Retrospective payments for activities/events that have already occurred or been attended are not eligible for funding. Applications received with an event start date that is less than six weeks will be deemed ineligible. ***

The date must be in the future. *** Applications are assessed by a Scholarship Committee on the last Friday of every month. Applications must be received 7 days prior to the Scholarship Committee meeting. When submitting a scholarship application, you must factor in six weeks from the start date of the event/project. Applications received with an event start date that is less than six weeks will be deemed ineligible.

Activity/Event end date *

Must be a date.

Where is the activity/event being held? *

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For example, Canberra, Melbourne, New Zealand

What are the main objectives of this activity/event and how will the group/you (or the young person you are supporting) benefit from attending? OR Please state how the group/you (or the young person you are supporting) will benefit from receiving funds to purchase resources. *

For example, compete in a national event, empowerment of young people

Please detail any personal or professional benefits the group/you (or the young person you are supporting) wish to achieve by attending this activity/event? *

For example, gain industry knowledge, improve professional skills, increase personal health and wellbeing

Proof of Registration / Selection/Activity/Inquiry *

Attach a file:

For example, registration form, letter of offer, event course description, or screen shot of on-line information of the event or email correspondence of inquiry

Are you being supported by an Organisation?

Yes No

For example, school, youth service to attend this activity/event?

If yes, in what way will the Organisation be supporting you?

For example, letter from the school, insurance certificates, auspice of funds

Please attach a Letter of Support or Letter of Endorsement.

Attach a file:

For example, from course convenor, coach, teacher, support letter from youth worker, case worker

Scholarships will be awarded to young people who have a genuine ability and determination, but without financial assistance would struggle to attend their event or activity or purchase materials or resources. Please provide information to support your application.

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Supporting Organisation Information - if relevant

Supporting Organisation Name

Organisation Name

Supporting Officer's Name

Title

First Name

Last Name

Supporting Officer's Position

Contact Phone Number

Email Address

Must be an email address.

Postal Address

Address

Suburb

State

Postcode

Budget and Finances

Individual - Total Amount of funding requested (GST Exclusive) *

\$

Maximum for an individual is \$500.00

Group - Total Amount of funding requested (GST Exclusive) *

\$

Maximum for a group is \$1,500.00

Total event/activity/project Cost (GST Exclusive) *

\$

Must be a dollar amount.

Have you applied for any other financial or in-kind assistance for this activity or event? *

Yes

No

If yes, please specify the type of assistance. Please include when and what level of support you received and from which organisation.

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For example, Rotary Grant, Corporate Sponsorship, Commonwealth Scholarship

Have you been fundraising for this activity or event? *

- Yes No

If yes, please provide details:

For example, trivia night, bake stall, barbeque, selling chocolates

Budget

*Please provide a breakdown of the entire budget for this activity/event/project specifying what the Scholarship will be used for and include any in-kind support being offered/provided by other organisations.

Item and description	Cost Amount	Provide details of any financial assistance already received/ fundraising/in-kind support
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
e.g. accommodation, travel fares, registration cost etc		e.g. fundraising event, in-kind support etc

Proof of Cost

Proof of cost *

Attach a file:

For example, quote, invoice, letter of offer

Referees Details

Please provide the contact details for one referee, providing contact details for a second referee is optional. **NOTE:** This cannot be a relative or friend.

Referee One *

- Individual Organisation

Please choose the type of Referee

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If Referee is an organisation, please provide name of organisation

Referee Name *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Referee Position *

For example, teacher, event coordinator, coach

Referee Phone Number *

Referee Email *

Relationship to the applicant *

For example, coach, teacher, mentor, manager, youth worker, community leader

Supporting documents

Attach a file:

If you would like to provide supporting document from your referee, this is for you to upload. e.g. letter of endorsement, character reference etc.

Referee Two

Individual

Organisation

Please choose the type of Referee

If Referee is an organisation, please provide name of organisation

Referee Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Referee Position

For example, teacher, event coordinator, coach

Referee Phone Number

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Must be an Australian phone number.

Referee Email Address

Must be an email address.

Relationship to the applicant

For example, coach, teacher, mentor, manager, youth worker, community leader

Supporting document

Attach a file:

If you would like to provide supporting document from your referee, this is for you to upload. For example, letter of endorsement, character reference.

Checklist

Applicants for a Youth InterACT Scholarship must:

- Be 12-25 years old
- Be a resident or attend an ACT educational institution
- Have genuine ability and determination but without financial assistance would be unable to attend their chosen activity
- Not have received ACT Government funding in the last twelve months (see guidelines for details)
- Represent the ACT in sporting or other activities
- Submit application before the activity/event commencement date, taking into consideration that the Scholarship Committee meets on the last Friday of each month to assess the applications received. Also, please be advised that payment can take up to six (6) weeks from application date, so please factor this into your timing when applying.
- Submit application by the specified closing dates

Survey (optional)

How did you find out about the Youth InterACT Scholarship Program

- Internet
- Social Media
- School/CIT/ University
- Mail Out
- Word of Mouth
- Email
- Other

Please specify

Review, Submit and Feedback

* indicates a required field

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Acknowledgement - Individual/Group

I acknowledge that to the best of my knowledge the statements made within this application and the information provided is true and correct, and I understand that if the Community Services Directorate approves the grant, I will be required to accept the terms and conditions of the grant as outlined in the grant application and Letter of Offer.

If selected as the successful applicant, I consent to the Community Services Directorate using and publishing photographic images and audiovisual recordings (the Material) of the project in this application for informational and promotional purposes.

These include:

- CSD promotional material and reports;
- External and educational publication;
- Website; and
- Social media.

I agree that the above can be retained in the CSD library for future use.

I agree *

Yes

No

Name *

Title

First Name

Last Name

Date *

Must be a date.

Privacy Notice

All applications submitted to the Youth InterACT Grant Program are accepted in confidence.

The Office for Youth Engagement may liaise with other ACT Government funding agencies regarding your application and compliance with the reporting and acquittal requirements of other ACT Government funding.

In compliance with the *Information Privacy Act 2014* (the Act) personal information on this form may be stored in the Community Services Directorate records and may also be used for statistical research, information provision and evaluation of services. Your personal information may be disclosed to other agencies and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.