### 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: <a href="https://www.act.gov.au/money-and-tax/grants-funding-and-incentives/funding-for-young-people-to-attend-events">https://www.act.gov.au/money-and-tax/grants-funding-and-incentives/funding-for-young-people-to-attend-events</a>

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 <a href="mailto:youthinteract@act.gov.au">youthinteract@act.gov.au</a>. Further information and updates can also be found at <a href="https://www.act.gov.au/money-and-tax/grants-funding-and-incentives/funding-for-young-people-to-attend-events">https://www.act.gov.au/money-and-tax/grants-funding-and-incentives/funding-for-young-people-to-attend-events</a>

For assistance with submitting an application through the SmartyGrants system please contact Community Relations and Funding Support by email <a href="mailto:CSDGrants@act.gov.au">CSDGrants@act.gov.au</a>.

\*\*\* 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 <a href="mailto:youthinteract@act.gov.au">youthinteract@act.gov.au</a>.

### 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: \*

-	Individual Group	
Аp	plicant Eligibility Requirements -	Individual
	e you aged between 12-25 years? * Yes	○ No
dri	ease upload a copy of your age identif vers licence / student ID * ach a file:	ication. For example, birth certificate /
0	e you an international student? * Yes ase note: International students are not eligible	○ <b>No</b> to apply for a Youth InterACT Scholarship.
	you live in the ACT? * Yes	○ No
	you attend school in the ACT? * Yes ○ No	○ N/A
	ves, please upload evidence of your Adach a file:	CT residency or ACT School attendance. *
not or c Cor	be older than six (6) months. For example a co drivers licence. *** ACT School Attendance - stu	address, have a date of issue displayed and must opy of a recent rates notice, rent or utility statement dent ID, letter or email from school, parents issue displayed and must not be older than six (6)
Dir	ve you received a Scholarship or Gran rectorate through the Youth InterACT Yes ONO	nt from the Community Services initiative in the past twelve months? *  O Not sure
0	Yes, was it for Youth InterACT Scholarship Youth InterACT Grant ase specify	
	ves, please provide information about nolarship or grant for?	when and what you received a

Applicant Eligibili	ty Requirement	s - Group	
<b>Is every group mem</b> ○ Yes	ber aged between	12-25 years? * ○ No	
Please upload a cop licence / student ID Attach a file:		tion. For example birth certifica	te / drivers
Is any group member  O Yes  Please note: Internationa		Student? *  O No ible to apply for the Youth InterACT Scho	larship.
Does every group m  ○ Yes	ember live in the	ACT? * ○ No	
<b>Do the group memb</b> ○ Yes	er/s attend school No	in the ACT? *	
Is your project/even ○ Yes	t ACT based proje	ct/event? *  O No	
<b>If yes, please upload</b> Attach a file:	d evidence of your	ACT residency or ACT School at	tendance. *
not be older than six (6) or drivers licence. *** AC	months. For example a T School Attendance -	ent address, have a date of issue display a copy of a recent rates notice, rent or ut student ID, letter or email form school, p of issue displayed and must not be olde	ility statement parents
<b>Services Directorate</b>		Scholarship or Grant from the Co th InterACT initiative in the past	
years? *  O Yes	○ No	○ Not sure	
If yes, was it for:  ☐ Youth InterACT Sch ☐ Youth InterACT Gra ☐ Other:  Please specify	nolarship		

If yes, p	olease lis	t the nai	me/s (	of the succ	essful	recipient	:/s as be	low:
Applica	ant Deta	ails - Ind	divid	ual				
<b>Applica</b> Title	<b>nt *</b> First Nar	me	Last I	Name				
<b>Name o</b> Title	<b>f second</b> First Nar			<b>if this app</b> Name	lication	is on th	e behalf	of a minor.
Relatio	nship to ı	minor						
<b>Home A</b> Address	\ddress *							
Suburb	State	Postcode	<b>e</b>					
<b>Postal</b> Address	Address (	if differe	ent fro	om the abo	ove)			
Suburb	State an Australia	Postcode						
	ed Conta							
Must be a	an Australia	n phone n	umber					
Second	ary Conta	act Numl	ber					
Email A	ddress *							
Must be a	an email ad	dress						

Da	te of Birth *						
Mu	st be a date						
Co	untry of birth *						
	ender * Male	○ Female	0	Other			
or pa	<ul> <li>□ person from an Aboriginal or Torres Strait Islander background</li> <li>□ person from a culturally and linguistically diverse background</li> </ul>						
	student trainee apprentice intern employed unemployed						
	you are employed ple Full time Part time Casual hours Not applicable if unem	-	e type of employme	ent *			
0	you earn an average Yes No Not applicable if unem		500.00 (after tax)	per fortnight? *			
lf <sub>\</sub>	yes, please select the	e appropriate ea	rning category *				
Wi	II this average incom	ne be the same 1	or the next six mo	nths? *			
	you or your guardia Yes No	n have a Health	Care Card of Conc	ession Card? *			

<ul><li>Are you</li><li>Yes</li><li>No</li></ul>	from a single in	come family? *	
Applica	nt Details - Gr	oup	
Name of	f Group *		
	f <b>Associated Org</b> ation Name	anisation	
(e.g name	of school, communi	ty centre etc.)	
<b>Preferre</b> Address	ed Postal Addres	s *	
	State Postcode		
<b>Preferre</b> Title	ed Contact Perso First Name	<b>n *</b> Last Name	
Title	T II St Name	Last Name	
Preferre	d Contact Numb	er *	
Must be a	n Australian phone n	umber.	
Preferre	ed Email Address	*	
Must be a	n email address.		
<b>Seconda</b> Title	ary Contact Perso	on Last Name	
Seconda	ary Phone Numbe	er	
Must be a	n Australian phone n	umber.	
Seconda	ary Email Addres	S	
Must be a	n email address.		

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? *  O Yes  O No
Are any of the group from a single income family? *  O Yes  O No

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
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? *

For example, Canberra, Melbourne, New Zealand
What are the main objectives of this activity/event and how will the group/you (o 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?  O Yes O 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.

## Supporting Organisation Information - if relevent

Supporting Organisation Name	Organisation Name				
Supporting Officer's Name	Title	First Name	Last Name		
Supporting Officer's Position					
Contact Phone Number					
Email Address	Must he ar	n email address.			
Postal Address	Address	remail address.			
	Suburb	State Postcode	2		
Budget and Finances					
Individual - Total Amount of fo	unding re	equested (GST Ex	(clusive) *		
\$ 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 event? *	er financi	al or in-kind assi	stance for this	activity or	
○ Yes		○ No			
f yes, please specify the type of assistance. Please include when and what level					

of support you received and from which organisation.

For example, Rotary Grant, Corpo	rate Sponsorship, Commonwealth	Scholarship
Have you been fundraising ○ Yes	for this activity or event? *	¢ .
If yes, please provide detai	ls:	
For example, trivia night, bake sta	all, barbeque, selling chocolates	
Budget		
*Please provide a breakdown of what the Scholarship will be use by other organisations.		civity/event/project specifying support being offered/provided
Item and description	Cost Amount	Provide details of any financial assistance already received/
	_	fundraising/in-kind support
	\$	
	\$	
	\$	
	\$ \$	
	\$	
	\$	
	\$	<u> </u>
e.g. accommodation, travel fares, registration cost etc	l .	e.g. fundraising event, in-kind support etc
Proof of Cost		
Proof of cost * Attach a file:		
For example, quote, invoice, lette	r of offer	
Referees Details		
Please provide the contact det referee is optional. <b>NOTE</b> : This		
Referee One *  O Individual Please choose the type of Referee	Organisation	n

ii keie	ree is all organi	sation, please pro	wide fiame of organisation
	e Name *		
Title	First Name	Last Name	
Refere	e Position *		
For exan	nple, teacher, even	t coordinator, coach	
кетеге	e Phone Numbe	er ↑	
Refere	e Email *		
Relatio	nship to the ap	plicant *	
For exan	nple, coach, teache	r, mentor, manager, yo	outh worker, community leader
Suppoi Attach a	rting documents	5	
Accacin	a me.		
	ould like to provide sement, character I		rom your referee, this is for you to upload. e.g. let
Refere		oferee	<ul><li>Organisation</li></ul>
If Refe	ree is an organi	sation, please pro	vide name of organisation
<b>Refere</b> Title	<b>e Name</b> First Name	Last Name	
Title	riist Name	Last Name	
Refere	e Position		
For exan	nple, teacher, even	t coordinator, coach	
Refere	e Phone Numbe	er	

Referee Email Address	
nereree 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 example, letter of endorsement, character reference.	u to upload. For
Checklist	
Applicants for a Youth InterACT Scholarship must:	
Be 12-25 years old	
<ul> <li>Be a resident or attend an ACT educational institution</li> <li>Have genuine ability and determination but without financial assista</li> </ul>	nce would be
unable to attend their chosen activity	rice would be
<ul> <li>Not have received ACT Government funding in the last twelve month for details)</li> </ul>	ns (see guidelines
<ul> <li>Represent the ACT in sporting or other activities</li> <li>Submit application before the activity/event commencement date, t</li> </ul>	

## Survey (optional)

Must be an Australian phone number.

#### 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

### 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.



### **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.