2026-27 ACT Youth Scholarship Program Application
Form Preview

Form Explanation

Before you start

Before commencing an application please read the 2026 ACT Youth Scholarship Program Guidelines.

Please refer to 2026 ACT Youth Scholarship Program Guidelines

The ACT Youth Scholarship Program (Scholarships) provide financial assistance to support young people aged 12 to 25 to overcome financial barriers to their personal and professional development.

The Scholarships support individual young people to access services, supports and development opportunities that strengthen their wellbeing, independence and pathways to education, training or employment.

Applications must be submitted **at least 6 weeks** before the proposed activity, program or event start date.

Applications received where the proposed activity, program or event starts less than 6 weeks after the application is submitted will be deemed ineligible.

ACT Youth Scholarships are awarded to individual young people. A parent, carer of support organisation may assist an individual with their application, but organisations cannot apply for funding for groups of young people or organisational activities.

For assistance with completing this application form, please contact the Office for Youth Engagement, Health and Community Services Directorate by email Youth.Engagement@act.gov.au

Eligibility Requirements

* indicates a required field

You need to read the 2026 ACT Youth Scholarship Program Guidelines before you start your application.

Please refer to 2026 ACT Youth Scholarship Program Guidelines.

You can only apply for a Scholarship if you meet the eligibility criteria. Please do not complete this application form if you do not meet all of the eligibility criteria.

You can contact the Office for Youth Engagement by email Youth.Engagement@act.gov.au

Please note applications must be made **at least 6 weeks** before the proposed activity/ event start date.

Applications received with an activity/event start date that is less than 6 weeks from the date of submission will be deemed ineligible for a Scholarship.

Eligibility Requirements

Applicants under the age of 18 must have permission from their parent/guardian/carer before submitting the form and contact details of their parent/guardian/carer are required.

Are you an Australian citizen or a permanent resident of Australia? *
○ Yes ○ No

Do you hold an ACT Services Access Card? *
○ Yes ○ No
(if you are not an Australian citizen or permanent resident)

Please upload ACT Services Access Card *
Attach a file:

Applicant is *
○ 12 -17 years of age
○ 18 - 25 years of age

Age *

Must be a number.
You must be between 12 to 25 years of age at the time of submission.

Is someone helping you complete the form? *
○ Yes ○ No
A parent, guardian or carer.

Are you being supported by an organisation? *
○ Yes ○ No
For example a teacher, coach, youth worker or case worker.

In what way will the organisation be supporting you? *

Please attach Letter of Support or Letter of Endorsement
Attach a file:

A letter of support from a teacher, youth worker, coach, case worker or other referee may be provided to support your application.

Do you live in the ACT? *
○ Yes ○ No

Please upload evidence of your residency and date of birth. *
Attach a file:

Copy of a Driver Licence or Proof of Identity Card or proof of ACT residency showing a current ACT address. Documents must include your date of birth.

Do you *
○ attend a school in the ACT or are you registered for home education in the ACT
○ attend a higher education institution in the ACT
○ Neither

Are you an international student? *
○ Yes ○ No
International students are not eligible to apply.

If you attend a school or higher education institution in the ACT, please provide proof such as:

- a current ACT school ID or school report card
- evidence of ACT home education registration
- current higher education student ID or enrolment confirmation

Please upload evidence *
Attach a file:

Name of higher education institution, school or ACT home education registration *

Have you received an ACT Youth Scholarship in the last 12 months? *
○ Yes
○ No
○ Unsure

If yes, please provide details

Contact Details

* indicates a required field

Applicant Details

The applicant is the young individual who is seeking the Scholarship.

Applicant Name *
Title First Name Last Name

Applicant Primary Address *
Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia

Applicant Postal Address *
Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia

Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Individuals under the age of 18 must have permission from their parent/guardian before submitting their application.

Contact details, photo ID and proof of ACT residency of the parent/guardian will need to be provided.

Applicant Date of Birth *

Must be a date.

Do you wish to identify as any of the following. *
☐ Young carer for a family member (e.g. siblings, parent, guardian)
☐ Aboriginal or Torres Strait Islander
☐ Culturally and linguistically diverse
☐ Person with disability
☐ Lesbian, gay, bisexual, transgender, intersex and/or queer (LGBTIQA+)
☐ None of the above
☐ Prefer not to answer
You can choose more than 1 option.

Gender *
☐ Girl, woman or female
☐ Boy, man or male
☐ Non-binary
☐ (I / They) use a different term (please specify in the field below)
☐ Prefer not to answer

(I / They) use a different term (please specify)

Parent / Guardian / Carer Contact Details

Parent / Guardian / Carer *
Title First Name Last Name

Parent / Guardian / Carer Primary Address *
Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia

Parent / Guardian / Carer Primary Phone Number *

Must be an Australian phone number.

Parent / Guardian / Carer Primary Email *

Must be an email address.

Relationship to applicant *

Have you obtained permission from your parent / guardian / carer to submit this form? *
○ Yes ○ No

Please upload photo ID and evidence of Parent / Guardian / Carer residency *
Attach a file:

Copy of a Driver Licence or Proof of Identity Card showing a current address.

Supporting Organisation Details

The person supporting you through an organisation, for example, a teacher, youth worker, coach, case worker.

Supporting Organisation Name *
Organisation Name

Supporting Officer's Name *
Title First Name Last Name

Supporting Officer's Position *

Supporting Organisation Primary Address *
Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia

Supporting Officer's Primary Phone Number *

Must be an Australian phone number.

Supporting Officer's Primary Email *

Must be an email address.

Activity Details

* indicates a required field

Project Title *

Word count:
Name of project to be short and must be no more than 6 words.

Activity Start Date *

Must be a date.

Activity End Date *

Must be a date.

Is your proposed activity start date at least 6 weeks from the date of submission? *

○ Yes ○ No

Applications received with an activity, program or event start date that is less than 6 weeks from the date of submission will be deemed ineligible for a Scholarship.

Please provide details of the activity you are planning to attend, or describe the resources, equipment, or materials you require for study, work, or personal and professional development. *

Word count:

Please limit your response to 100 words.

Where is the activity being held? *

For example, Canberra, Melbourne, Japan, Africa

Which of the following best describes the activity? *

☐ Education and study support
☐ Arts, culture and creative development
☐ Sport and recreation
☐ Leadership and community participation
☐ Wellbeing and mental health supports
☐ Transport, driving lessons, life skills
☐ Training, vocational pathways
☐ Other:

Assessment Criteria

Please provide a response demonstrating how your proposal meets the following criteria. (Please limit each response to 200 words).

Individual benefit - Please demonstrate how the requested support will provide a clear and direct benefit to you, and how it will contribute to your wellbeing, personal development, education, employment, or future opportunities. *

Word count:

Demonstrated need - Please describe any barriers or challenges that may prevent you from accessing this opportunity, and explain why financial assistance is needed to support your participation. *

Word count:

Budget Information

* indicates a required field

Have you applied for, or received any other funding or financial assistance for this activity? *

○ Yes ○ No

If yes please provide details

Will you be contributing any of your own funds towards this activity? *

○ Yes ○ No

If yes please provide details

If you are offered less than the amount requested, would you still be able to participate in the activity? *

○ Yes ○ No

Please provide further details *

What is the Scholarship amount you are requesting? *

Must be a dollar amount and no more than 500.

Please briefly describe how the Scholarship will be used. *

Quotes and Supporting Information

Applicants must provide evidence of the cost for your activity, program or event. This may include:

- a quotation, proof of registration, invoice, or similar document uploaded below; or
- a website link showing the current price of the activity, program or event.

Providing accurate cost information will assist in assessing your application.

Upload quotes or supporting information *
Attach a file:

If you would like to include website links, please include in the table.

Item/Supplier	Website
	Must be a URL.

Additional Information

Please upload any additional information or documentation that may support your application.

Please upload any additional information or documentation that may support your application.
Attach a file:

Review, Submit and Feedback

* indicates a required field

Checklist

Applicants for an ACT Youth Scholarship must:

- Be an Australian citizen, a permanent resident of Australia or hold an ACT Services Access Card
- Aged between 12 and 25 years at the time the application is submitted
- Reside in the ACT or attend a school or higher education institution in the ACT
- Have not received ACT Youth Scholarship funding in the last 12 months
- Apply at least 6 weeks before the proposed activity start date

Certification

I certify that to the best of my knowledge the statements made within this application and the information provided is true and correct.

I understand that if the Health and Community Services Directorate approves the Scholarship, I will be required to accept the terms and conditions of the Scholarship as outlined in the Scholarship guidelines, application form and Letter of Offer.

I understand the Territory may wish to contact me to seek feedback on the application form.

2026-27 ACT Youth Scholarship Program Application
Form Preview

Name *
Title First Name Last Name

Date *
Must be a date

I agree if I am successful, the Territory may contact me to seek permission to publish information about my application and how the Scholarship benefited me. *
○ Yes ○ No

Privacy Notice

Your personal information will be kept private and only used for purposes related to this application, unless otherwise required by law.

In compliance with the *Information Privacy Act 2014* (the Act) personal information on this form may be stored in the Health and 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.

Feedback

You are now coming to the end of your application process and before you **REVIEW** and click the **SUBMIT** button please take a few moments to provide some feedback.

We would value any feedback you may have regarding our online ACT Youth Scholarship application process.

Please indicate how you found the online application process: *
○ Very easy ○ Easy ○ Neither ○ Difficult ○ Very difficult

Please tell us how you found out about the ACT Youth Scholarship Program *
☐ Social Media – Facebook
☐ Social media – Linked in
☐ Social media – other
☐ Our Canberra (printed or online)
☐ Newsletter
☐ ACT Government Grants Portal
☐ Community Partner Update
☐ ACT Government 'Staff News'
☐ Word of Mouth
☐ Other:

Please provide us with any improvements and/or additions to the application process/form that you think we need to consider:

No more than 100 words.