



## Youth Encouragement Grant Application Package

A Youth Encouragement Grant of up to \$500 is available to individuals between the ages of 12 and 24 to participate in programs and events that financial or personal circumstances would normally preclude them from. Participants are eligible for only one Youth Encouragement Grant in each financial year. Attendance to the program will increase the ability of the young person to connect to the local community.

Young people attending the same school/organisation program/overseas trip, are only eligible if one representative is chosen as the most suitable young person to apply for the Youth Encouragement Grant (e.g. school/organisation to supply confirmation letter).

The chosen program will encourage applicants to participate and improve their capability to interact more in the community through leadership, confidence building, self-esteem and/or resilience building initiatives.

**Before you complete the application form, check that you meet the following criteria:**

Applicant's Eligibility	Program Eligibility
✓ Must be aged between 12 and 24 years.	✓ The program must be reputable with accredited trainers/program operators, recognised program within industry.
✓ Must be currently residing in the City of Rockingham. You must provide a copy of proof of age and home address eg. bus pass/drivers permit/passport/student card.	✓ You must provide documentation of the program e.g. flyer with costs, dates, times, organisation details, contact numbers, location of program and the program content or list of objectives.
✓ Have not received a Youth Encouragement Grant during the current financial year.	✓ You must provide a copy of your pre-booking, enrolment, reservation (confirmation) place from the program/event host.
✓ Must submit application at least four weeks PRIOR to commencement of program.	✓ You must retain your receipt as the City may request this, at any time, as proof of attendance.

### INELIGIBILITY

The funds may not be used for:

- X Transport to and from programs
- X Structured sporting activities
- X Multiple applicants from same school/organisation attending the same school/organisation program/overseas trip, as organised by the school/organisation
- X Purchase of any equipment, clothing or materials (except text books)
- X School Fees/Tafe/University fees (except short courses that are 12 weeks or less)
- X Driving Lessons and/or Driving Licence Fees

The young person will be informed, in writing, of the outcome of their application within four weeks. If the situation arises that the successful applicant does not attend the program all monies must be reimbursed to the City immediately.

**Completed applications should be forwarded to:**

**Electronic copies:** [customer@rockingham.wa.gov.au](mailto:customer@rockingham.wa.gov.au)

**Hard Copies:** Community Capacity Building  
City of Rockingham  
PO Box 2142  
ROCKINGHAM DC WA 6967

## Youth Encouragement Grant (YEG) Application Package 2015/2016

Name: \_\_\_\_\_

Address: \_\_\_\_\_ (Number) \_\_\_\_\_ (Street Name)  
 \_\_\_\_\_ (Suburb) \_\_\_\_\_ (State) \_\_\_\_\_ (Postcode)

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicants must describe how the program will benefit them personally and how completing the program will enable the applicant to contribute to the community.

Name of Program/Activity: \_\_\_\_\_ YEG Amount Requesting \$ \_\_\_\_\_

Date of Program/Activity: \_\_\_\_\_ Date of Birth (Age): \_\_\_\_\_

**1) Have you attended this program/event before?**

- No (First time enrolling)     Yes (Under 3 times)     Yes (Over 3 times)     Up-skilling

**2) How will the program benefit you? Tick one or more of the following:**

- Leadership     Self Esteem     Confidence     Building Resilience

**3) By attending this program, list the benefits for you personally:**

- a) \_\_\_\_\_  
 b) \_\_\_\_\_

**4) By attending this program, list the benefits to the community:**

- a) \_\_\_\_\_  
 b) \_\_\_\_\_

**5) How will you fund the remaining balance of fees required to attend the program:**

- Not Applicable (*grant will cover total cost*)     Raise the extra money through working  
 Gifted /Donations/Fundraising     Use own savings towards cost  
 Other, please state: \_\_\_\_\_

**Bank Account Details** *If the application is successful, you will receive an electronic funds transfer, please provide bank account details:*

Name of Bank: \_\_\_\_\_ Branch Location: \_\_\_\_\_

Account Name: \_\_\_\_\_

Branch Code/BSB Number: \_\_\_\_\_ - \_\_\_\_\_ Account Number: \_\_\_\_\_

Are you registered for GST?     NO     YES (If YES, please supply a Tax Invoice)

I have also attached a copy of the program information, my pre-booking/enrolment reservation and proof of age and address. All details in this Youth Encouragement Grant application are correct at time of signing:

\_\_\_\_\_ (Applicant First Name) \_\_\_\_\_ (Applicant Surname)

\_\_\_\_\_ (Applicant Signature)    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Date)

**All details on this application must be completed and received by the City four weeks PRIOR to program.**

Office Use Only:	Signature:	Date:
Officer Recommendation: _____ (Name) Approve/Decline funding in the amount of \$ _____ for the costs associated with the Youth Encouragement Grant.		
Manager of Community Capacity Building Approve/Decline funding in the amount of \$ _____ for the costs associated with the Youth Encouragement Grant.		
Director of Community Development Approve/Decline funding in the amount payable of \$ _____ for the costs associated with the Youth Encouragement Grant.		
<b>Approved from account number 210142.1335</b>		
<b>Original to Accounts / Copy to Grants Officer</b>		