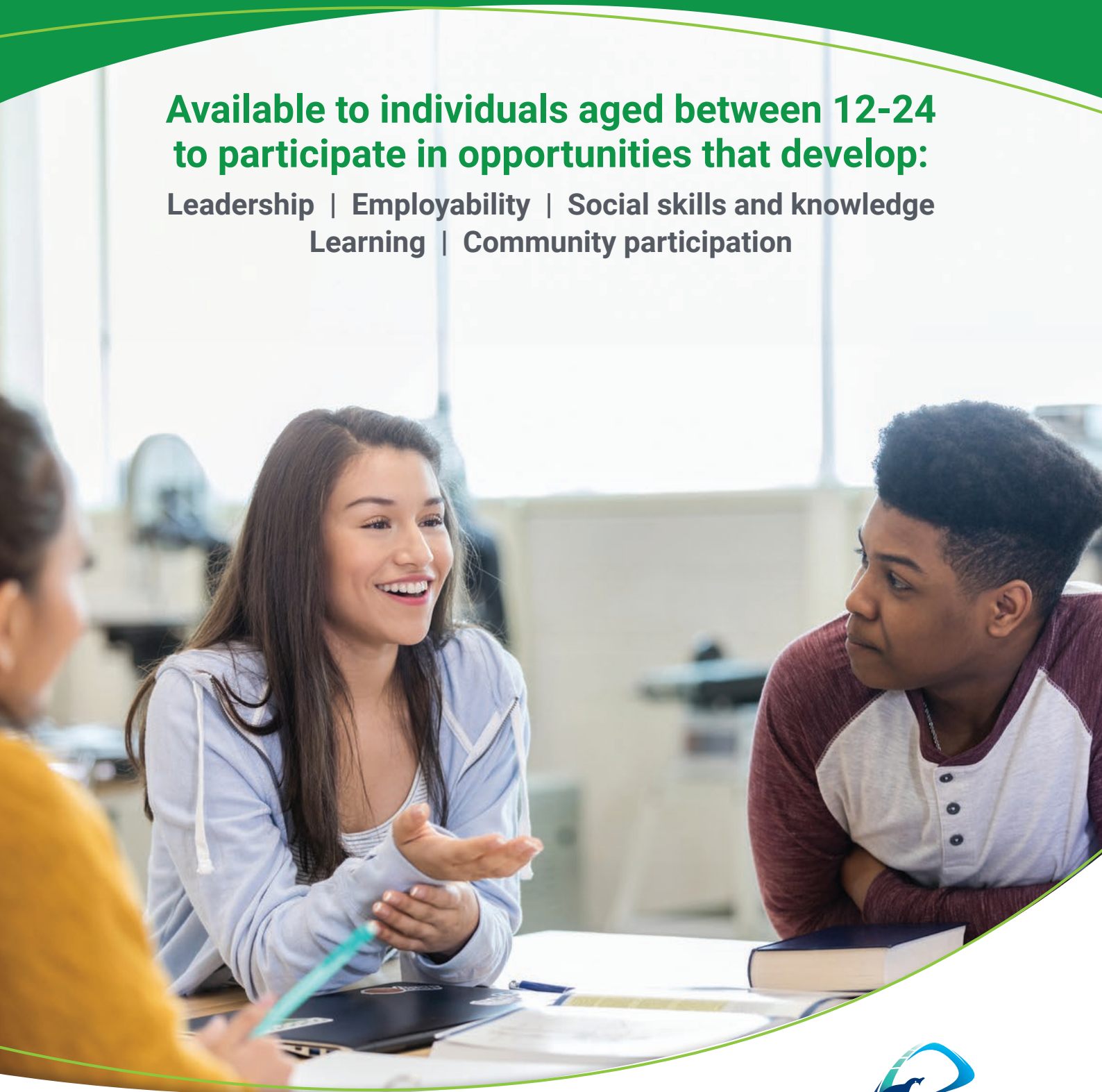


Youth Encouragement Grant Application Package

UP TO \$600

**Available to individuals aged between 12-24
to participate in opportunities that develop:**

**Leadership | Employability | Social skills and knowledge
Learning | Community participation**



A. Applicant's Details

1. Name:	2. Date of Birth:
3. Address: (Number)	(Street Name)
(Suburb)	(State) (Postcode)
4. Email:	5. Phone Number:
(if U15 only give parent's email)	

B. Program Details

6. Title/Name of program:	
7. Date of program:	8. Location of program:
9. Overview of program:	
<div></div>	
10. Amount requesting: \$	

11. Which category does this program fall under? Tick all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Employability <ul style="list-style-type: none">• Gain skills for potential employment• Build confidence• Develop skills to enable further volunteering | <input type="checkbox"/> Social Skills and Knowledge <ul style="list-style-type: none">• Improve communication and interpersonal skills (e.g. active listening, explaining, clarity)• Improve life skills, resilience• Build skill or gain knowledge• Proposed activity promotes personal growth |
| <input type="checkbox"/> Learning <ul style="list-style-type: none">• Extra-curricular education opportunities outside of usual school options, alternate pathway program, ability to participate in further education• Career guidance and development• Acquire accreditation, certificate and/or ticket | <input type="checkbox"/> Community Participation <ul style="list-style-type: none">• Greater connection to Rockingham community• Greater active participation in Rockingham community• Increase contribution to society |
| <input type="checkbox"/> Leadership <ul style="list-style-type: none">• Participation in leadership training• Develop or improve leadership and/or communication skills• Develop or improve resilience | |

12. Why did you choose this program? How will it benefit you personally?

13. How will attending the program assist you with your future goals?

C. Confirmation

14. I confirm that I meet the following eligibility criteria:

- | | |
|---|--|
| <input type="checkbox"/> Aged between 12-24 years | <input type="checkbox"/> Program must be a reputable and recognised program with accredited trainers or program operators |
| <input type="checkbox"/> City of Rockingham resident at the time of application | <input type="checkbox"/> Submit application at least four weeks prior to commencement of program |
| <input type="checkbox"/> Have not received a Youth Encouragement Grant during the current financial year | <input type="checkbox"/> All previous Youth Encouragement Grant funding received has been acquitted (leave blank if this is your first application). |
| <input type="checkbox"/> Have not received a Youth Encouragement Grant for the same program in previous years | |

D. Signature

15. I confirm that I have attached the following:

- | | |
|--|--|
| <input type="checkbox"/> Proof of age | <input type="checkbox"/> A copy of the program information, pre-booking or enrolment reservation |
| <input type="checkbox"/> Proof of City of Rockingham residency | <input type="checkbox"/> Breakdown of course/training fees (e.g. quote). |

Signature

Date

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

Name of Bank: _____

Account Name: _____

Branch Location: _____

BSB Number: _____

Account Number: _____

Applicant First Name: _____

Applicant Surname: _____

Card Holder Signature: _____

Date: _____

The City of Rockingham will not be held responsible for any delays or errors in payment due to factors out of the City's control (including but not limiting to those resulting from banking industry systems).

Office use only:

Name	Title	Amount	Approve or Decline
		\$	<input type="checkbox"/> Approve <input type="checkbox"/> Decline
Signature:		Date:	
	Manager Community Capacity Building	\$	<input type="checkbox"/> Approve <input type="checkbox"/> Decline
Signature:		Date:	
	Director Community Development	\$	<input type="checkbox"/> Approve <input type="checkbox"/> Decline
Signature:		Date:	

Original and copy to: Community Grants Officer
Approved from A/c Number: W121-1015-360

Completed applications should be forwarded to:



Electronic copies:

customer@rockingham.wa.gov.au
(10MB limit per email)



In Person:

City of Rockingham,
Administration Building,
Civic Boulevard,
Rockingham



Hard copies:

Community Capacity Building,
City of Rockingham.
PO Box 2142, Rockingham DC
WA 6967

Note: An acknowledgment will be provided when an application is received by the City.