

# Youth Sponsorship Program Application Form 2023-2024

## Form Preview

### Eligibility Checklist

\* indicates a required field

**Are you aged between 12 and 25 years old? \***

- ☐ Yes  
☐ No

Only young people aged between 12 and 25 at the time of application are eligible to apply.

**Are you a permanent full-time resident of the Alexandrina Council area? \***

- ☐ Yes  
☐ No

You must be a permanent full-time resident of the Alexandrina Council area to be eligible to apply for this funding.

**Are you able to provide confirmation from an appropriate peak body, association or organisation confirming your status as a competing member, representative or participant? \***

- ☐ Yes  
☐ No

All requested supporting documentation must be provided to be eligible for funding.

**Have you completed a Final Report Form for any previous Youth Sponsorship Program funding received? \***

- ☐ Yes  
☐ No  
☐ Not Applicable

All acquittal requirements from previous funding received must be met before applying for Youth Sponsorship Program funding. If no previous funding has been received please select "Not Applicable".

**Do you currently receive personal commercial sponsorship? \***

- ☐ Yes  
☐ No

Applications from individuals who receive personal commercial sponsorship will not be considered.

### ELIGIBILITY CHECK

PLEASE NOTE: Your responses to one or more of the eligibility checklist questions indicates that you are not eligible to apply for Youth Sponsorship Funding. Please contact Council's Grants Officer on 08 8555 7000 to discuss your eligibility.

### Applicant Details

\* indicates a required field

#### Applicant Details

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**Applicant Name \***

First Name

Last Name

**Applicant Phone Number \***

Must be an Australian phone number

**Applicant Primary Address \***

Address

  

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

**Applicant Contact Email Address \***

Must be an email address.

**Date of Birth \***

Must be a date

**Age at time of application \***

Must be a whole number (no decimal place) and between 12 and 25.

### Parent/Guardian Details

**Parent/Guardian Contact Name \***

First Name

Last Name

**Parent/Guardian Primary Address \***

Address

  

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

**Parent/Guardian Contact Phone Number \***

Must be an Australian phone number.

**Parent/Guardian Contact Email Address \***

Must be an email address.

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### Activity Details

\* indicates a required field

**Name of activity/  
program/ event \***

**Which category applies  
to your chosen activity?  
\***

- ☐ Arts, Culture, Music and Dance
- ☐ Sport and Recreation
- ☐ Community Participation and Leadership
- ☐ Education and Academic Performance

**Activity Start Date \***

Must be a date and between 1/8/2023 and 31/7/2024.

**Activity Completion Date  
\***

Must be a date and between 1/8/2023 and 31/7/2024.

**Where will the activity  
be held? \***

- ☐ Within SA
- ☐ Interstate
- ☐ International

**Address of activity  
location \***

**Amount Requested \***

Maximum amounts apply as follows: \$100 for SA, \$300 for Interstate, \$400 for International

**Total Activity Cost \***

What is the total budgeted cost of participating in this activity or event?

**What will you spend  
Youth Sponsorship  
funding on if successful?  
\***

Alexandrina Council recognises the positive contribution young people make to community life and the importance of providing opportunities for personal growth and capacity building. Council's Youth Sponsorship Program aims to support and encourage young people displaying commitment, passion and determination to undertake skill development activities in their chosen field of endeavour.

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**What do you hope to gain, learn and experience from taking part in this activity? \***

Word count:

Must be at least 100 words.

**Name of peak body, association or organisation you are representing, a member of or participating with. \***

**Peak body/ association/ organisation contact name \***

**Peak body/ association/ organisation postal address \***

Address

Suburb State Postcode

**Peak body/ association/ organisation email address \***

**Peak body/ association/ organisation phone number \***

**Peak body association/ organisation website**

**Please provide supporting documentation from an appropriate peak body, association or organisation confirming your status as a competing member, representative or participant. \***

Attach a file:

## Process Evaluation

\* indicates a required field

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**Please rate your overall satisfaction with the application process (1 = low, 10 = high) \***

☐ 0   ☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5   ☐ 6   ☐ 7   ☐ 8   ☐ 9   ☐ 10

**Please let us know how you think we could improve the Youth Sponsorship Program.**

Potential improvements could include changes to application form and process, information provided in Guidelines, amounts available, activity categories etc.

## Declaration Statement

\* indicates a required field

Terms & Conditions of the Grant:

I, being the individual making this declaration, confirm and agree that:

- 1.I am a permanent, full time resident of the Alexandrina Council area.
- 2.The information given in this application, including any attachments, is true and correct in every particular.
- 3.The funding received from Alexandrina Council will be used for the approved activity or project as outlined in the application. The Council must approve any changes to the activity/program/project.
- 4.Any moneys not expended on completion of the project/program will be returned to Alexandrina Council.
- 5.Alexandrina Council will be acknowledged in any publications or publicity regarding the activity.
- 6.Funds will not be paid until a Funding Agreement has been signed by both applicant and Alexandrina Council.
- 7.Applicant will abide by the terms and conditions of the Funding Agreement or funds may be withdrawn.
- 8.A Final Report Form with receipts will be submitted to Alexandrina Council within one month of grant moneys being expended.
- 9.Any unexpended Council funds will be returned to Alexandrina Council.
- 10.All supporting documentation from the relevant peak body, association or organisation has been attached.

**I confirm and agree with the terms and conditions above. \***

☐ Yes

**Applicant's Name \***

First Name

Last Name

**Date of Declaration \***

Must be a date and between 1/8/2023 and 30/4/2024.

