

Youth

Encouragement Grant

Application Package

UP TO \$500

Available to individuals aged between 12 - 24 to participate in opportunities that align to improvements in:

Leadership | Employability | Social skills and knowledge | Learning | Community benefit

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

Applicant's Eligibility



Must be aged between 12 - 24 years.



Must be currently residing in the City of Rockingham. You must provide a copy of:

- proof of age
- proof of home address



Have not received a Youth Encouragement Grant during the current financial year.



Application must be received and date stamped by the City at least four weeks PRIOR to commencement of program.



*Multiple applicants from the same school or organisation will only be considered at City's discretion.

Program Eligibility



The program must be a reputable and recognised program with accredited trainers or program operators.



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.



You must provide proof and a breakdown of the costs of how the grant money will be used/spent. These are for the costs of the program and any supporting costs to assist/enable your participation.

For example: program costs/registration fees; equipment/resources; text books; accommodation; flights; technology expenses such as internet connection, data allowance, purchase of laptop/tablet.



You must retain your receipt, certificate, ticket and/or accreditation to email the City of Rockingham as proof of attendance.



Youth Encouragement Grant (YEG) Application Package

Name: _____

Date of Birth (Age): _____

Address: (Number) _____

(Street Name) _____

(Suburb) _____

(State) _____

(Postcode) _____

Email (if U15 only give parent's email): _____

Phone Number: _____

Name of Program: _____

Date of Program: _____

YEG Amount Requesting: \$ _____

What will this grant (\$) be spent on and provide proof (quotes)?

List or attach a breakdown of the program and/or supporting costs with quotes to show how you will use/spend the grant money of up to \$500 if successful. I.e. list/attach program costs/registration fee and provide quotes for equipment or resources that will enable your participation e.g. text books; accommodation; flights; technology expenses such as purchase of laptop/tablet, internet connection, data allowance:

☐ I've attached/provided breakdown of costs with supporting quotes

Bank Account Details

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

Name of Bank: _____

Account Name: _____

Branch Location: _____

Branch Code/BSB Number: _____

Account Number: _____

I have attached:

☐ a copy of the program information or pre-booking/enrolment reservation

☐ breakdown of costs /proof of how YEG will be used/spent e.g. quotes

☐ proof of age and address

Yes all details in the YEG application are correct at time of signing ☐

Applicant First Name: _____

Applicant Surname: _____

Applicant (or if u15 Parent/Guardian) Signature: _____

Date: _____

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

Office use only:

Officer Recommendation - Approve/Decline funding in the amount of \$ _____ for costs associated with the activity.

Officer Signature: _____ Date: ____/____/____

Officer Name: _____

Manager of

Approve/Decline funding in the amount of \$ _____ for costs associated with the activity.

Manager Signature: _____ Date: ____/____/____

Director of Community Development or Director Planning and Development Services

Approve/Decline funding in the amount of \$ _____ for costs associated with the activity.

Director Signature: _____ Date: ____/____/____

Original to Accounts. Copy to Community Development

Approved from account number 210142.1335

Youth Encouragement Grant (YEG) Application Package

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

1. Have you attended this program/event before?

☐ **No** (first time enrolling) ☐ **Yes:** (detail) _____

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

Employability:

- ☐ Gain skills for potential employment
- ☐ Build confidence
- ☐ Develop skills to enable further volunteering
- ☐ Participate in training

Learning:

- ☐ 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

Leadership:

- ☐ Participation in leadership training
- ☐ Develop or improve leadership and/or communication skills
- ☐ Develop or improve resilience

Social Skills and Knowledge:

- ☐ Improve communication and interpersonal skills (active listening, explaining, clarity)
- ☐ Improve life skills, resilience
- ☐ Build skill or gain knowledge
- ☐ Proposed activity promotes personal growth

Community Benefit:

- ☐ Greater connection to Rockingham community
- ☐ Greater active participation in Rockingham community
- ☐ Increase contribution to society

3. Why is it important for you to attend this program? List additional benefits for you personally:

4. By attending this program, how is it going to benefit the Rockingham community?

(e.g. upon returning you will be able to provide a presentation or update to a particular organisation/school, able to volunteer in some capacity, gain employment).

5. How will you fund the remaining balance of fees required to attend the program?

- | | |
|---|--|
| <input type="checkbox"/> Not applicable (grant will cover total cost) | <input type="checkbox"/> Raise the extra money through paid employment |
| <input type="checkbox"/> Gifted/Donations/Fundraising | <input type="checkbox"/> Use own savings towards cost |
| <input type="checkbox"/> Other, please state: _____ | |

6. If successful in receiving a Youth Encouragement Grant, on completion of the program, you agree to:

- Email customer@rockingham.wa.gov.au a photo of yourself at the program and a brief written explanation about what aspect you enjoyed the most and attach proof of attendance e.g. receipt and/or ticket, accreditation, certificate (within four weeks of completing program).

7. Do you agree to give the City of Rockingham permission to copy and reproduce the submitted image for promotional marketing and educational purposes?

- ☐ Yes ☐ No

Ineligibility

The funds may not be used for:

- | | |
|---|--|
| ✗ Structured sporting activities | ✗ School fees/TAFE/university fees (except short courses, academic and leadership programs that are 12 weeks or less). |
| ✗ 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/complete the program all monies (including money provided for supporting items) must be reimbursed to the City immediately.

Completed applications should be forwarded to:

 **Electronic copies:**
customer@rockingham.wa.gov.au
(10MB limit per email)

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

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

 **In Person:**
City of Rockingham, Administration Building,
Civic Boulevard, ROCKINGHAM