



Section B - For GROUP applications only

Name and address of primary applicant:	
Name of associated organisation (e.g. name of school, community centre):	
Address of associated organisation:	
Email:	
Phone:	
Demographic information:	
Age range of group participants:	How many participants/team members are involved in this activity:
Gender (please specify): Choose an item.	
Are members of the group Australian citizens or Permanent Residents? Choose an item.	
Do any of the group hold an ACT Services Access Card? Choose an item.	
Do any of the group identify as a person from an Aboriginal or Torres Strait Islander background? Choose an item.	
Do any of the participants identify as a person from a culturally and linguistically diverse background? Choose an item.	
Do any of the participants identify as having a disability? (Have a limitation, restriction or impairment which has lasted, or is likely to last, for at least six months and restricts everyday activities) Choose an item.	
Are any of the group a young carer? Choose an item.	
Is this group Choose an item.	
Occupation of group members: Choose an item.	
Are any of the group employed Choose an item.	
Additional Questions:	
Do any of the group or their guardians have a Health Care Card or Concession Card? Choose an item.	
Are any of the group from a single income family? Choose an item.	
Primary applicant to attach a copy of your identification here: i.e. Birth certificate / Driving licence / Student ID	



Details of activity or event		
What is the date and location of this activity/event?	Date:	Location:
Amount of funding requested (maximum \$1,500 for groups):		
Please describe in detail what activity or event your group are planning to attend?		
What are the main objectives of this activity/event?		
Are there any personal or professional benefits that group participants will achieve by attending this activity/event? If yes, please list them.		
Is the group supported by an organisation (e.g. school, youth service) to attend this activity or event? If yes, please let us know in what way they are supporting you.		



Budget and Finances

Have you applied for any other financial or in-kind assistance for this activity? Choose an item.
If yes, please specify the type of assistance: Choose an item.
If yes, when and from which organisation?

Have you been fundraising for this activity or event? Choose an item.
If yes, please provide details:

Please provide a breakdown of the entire budget for this project/activity specifying what this Scholarship will be used for and any in kind support being offered by other organisations.

Item and description	Cost Amount	Any financial assistance already received/fundraising
	\$	
	\$	
	\$	
	\$	
	\$	
Total expected expenses: \$		

Referee Details: Please provide two referees for a statement of support for the group. Note cannot be a relative or friend.

Referee One	Referee Two
Name:	Name:
Contact number:	Contact number:
Email	Email
Relationship to applicant:	Relationship to applicant:



If your application is successful an EFT payment will be made directly to the nominated institution or program as outlined in the application.

Please Note: You will need to allow up to 30 days for Scholarship payments to be made once the Acceptance of Scholarship form has been received.

Nominated Institution Bank Details

EFT Deposit Details	
Nominated institution/supplier name:	
ABN: Note: if no ABN a Statement by supplier form will be required	
Bank Name	
BSB	
Account number	

How did you find out about Youth InterACT Scholarships? Choose an item.

Checklist

Applications for Youth InterACT Scholarships, the applicant must:

- Be between 12 to 25 years of age.
- Reside in the ACT or attend school in the ACT.
- Not have received funding through the Youth InterACT Grants and Scholarships Program in the last 2 years.
- Primary applicant to attach a copy of your identification here: i.e. birth certificate, driving licence, student ID, ACT Services Access Card.
- Attach a copy of letter-of-offer or letter of endorsement i.e. from course convenor, coach, teacher, youth worker, case worker.
- Submit application prior to the event/activity commencement date, taking into consideration that the Scholarship Committee meet the last Friday of each month except in December. Scholarships will not be awarded to past events.

NOTE: Scholarships will be awarded to young people who have a genuine ability and determination, but without financial assistance would struggle to attend their event or activity. Proof of Concession Cards and Health Care Cards maybe requested prior to approval.

Please email your application to youthinteract@act.gov.au