## Youth Incentive Grant Form Preview

### Youth Incentive Grant Application

\* indicates a required field

Council provides Youth Incentive Grants in order to deliver once-off, low level support outside of other grant funding programs. The maximum grant available under this program is \$100 per occasion and this grant is open for application all year round.

### Youth Incentive Grant Application Guidelines

Before completing this application form, you should have read the Sponsorship Guidelines available at the below link

COUNCIL-GRANT-Comm-Dev-Guidelines_2	<u>2021-22.pdf</u>
I certify that I have read the Youth In  O Yes	ncentive Grant Application Guidelines *
Your Eligibility	
The following section MUST be completed	by the Applicant.
Are you under 25 years of age? *  ○ Yes	○ No
Are you a resident of the Adelaide Hi  ○ Yes	ills Council district? *  O No
Has it been over 12 months since you ○ Yes	u last received Youth Incentive Grant? *  O No
•	ove eligibility questions you should not have any questions in regards to this please or email jwilhelm@ahc.sa.gov.au
Your Youth Incentive Grant Activ	vity
Are you applying for a Youth Incentive happened prior to notification of the Yes	ve Grant to attend an activity that has outcome of your application?  No
Is the activity you are seeking suppo	ort for, part of regular compulsory school

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○ Yes	○ No
	nancial benefit from the activity that you are
seeking support for?  ○ Yes	○ No
Please provide evidence of the a	ctivity, selection or membership.
Attach a file:	
Please specify what the \$100 wil	l be used for?
proceed with this application. If	e above eligibility questions you should not you have answered yes to any of the questions 408 0515 or email jwilhelm@ahc.sa.gov.au
Contact Details	
* indicates a required field	
Youth Applicant details	
Applicant Name * Title First Name Last Name	ne
Primary (Physical) Address * Address	
Suburb State Postcode	
Postal Address (if different from Address	above)
Suburb State Postcode	
If applicant is under 18 parent/gu	iardian contact details

Title First Name Last Name

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Preferred Prim	ary Phone	Number*
r referred i illi	iary i none	Humber
Must be an Austra	ılian phone nı	umber
Preferred Mob	ile Phone I	Number
Must be an Austra	alian phone nu	umber
Applicant Cont	tact Primaı	rv Email *
Applicant con-		, <u></u>
Must be an email	address	
Bank Details	•	
Bank Account		
Account Name		
BSB Number	Account N	lumber
If your application		
account. Please	: provide dei	talis above
Activity Det	aile	
-		
* indicates a rec	juirea neia	
Activity: *		
Start Date *		
End Date *		
Activity Locati	on *	
Activity Locati		
Word count:		
Provide a short de	escription of y	our project - wha

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### **Privacy Notice**

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In compliance with the *Information Privacy Act 2009* (the Act) personal information on this form may be stored in Adelaide Hills Council's records database and may also be used for statistical research, information provision and evaluation of services. Your personal information may be provided to the financial institution which handles Adelaide Hills Council's financial transactions and may be disclosed to other agencies and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.

You are now coming to the end of your application process and before you **REVIEW** and click the **SUBMIT** button please take a few moments to provide some feedback.

We would value any feedback you may have regarding our online grants application process.

Please indicat O Very easy	•	nd the online appl	•	<ul><li>Very difficult</li></ul>
-	•	mprovements and we need to consid		he application