

Individual Athlete Grant Application Form V2

Form Preview

Personal Details

* indicates a required field

Athlete's Name *

Athlete's Address *

Address

Suburb State Postcode

Please attach evidence of your residency eg. drivers licence, rates notice *

Attach a file:

Contact Name *

Title

First Name

Last Name

Primary Contact Number *

Secondary Contact Number

Email Address *

Parent / Guardian Name (if under 18)

General Details

Please select any category that applies to you *

- ☐ Disability ☐ Male
☐ Aboriginal or Torres Strait Islander ☐ Female
☐ Speak English as a Second Language

Please select your relevant age bracket *

- ☐ Under 18
☐ 19 to 29
☐ 30 to 39
☐ 40 to 49

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☐ 50 to 59

☐ 60+

Have you received assistance under this program in the last two years? *

☐ Yes

☐ No

Event Details

* indicates a required field

Name of Event *

Sport *

Who are you representing? *

What level of representation does this fit *

☐ State Representation at National Competition (eg NSW, Victoria)

☐ National Representation at International Competition (eg Australia)

Location of Event *

Please identify a starting date for this event *

Applications can be made at any time but must be received at least 4 weeks prior to the planned event

Please give full details of the event *

Please attach evidence of your participation from a governing body *

Attach a file:

Please detail the pathway to how you were selected in this team *

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Please detail the costs involved in participating in this activity, how it will be funded and any other funding assistance received *

Please detail any professional involvement in the sport or any prize money involved in this event

Please detail your history of participating in this sport and list your current local team *

Please detail any other sports you participate in

Applicant Declaration

*** indicates a required field**

AlburyCity is committed to providing the best possible service for the community. In order to help us improve our service please answer the following question/s.

Please select from the list, how you became aware of this program: *

- | | |
|--|---|
| <input type="checkbox"/> Border Mail Advertisement | <input type="checkbox"/> Discussions with Council Staff |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Any other media (e.g TV) | |

- I certify that to the best of my knowledge the statements made in this application are true.
- I understand that if the Council approves a grant, I will be required to accept the conditions of grant in accordance with Council requirements.
- I consent to the information contained within this application being disclosed to or by the Council for the purpose of assessing, administering and monitoring my current and any future Council grant applications.
- I understand that if the Council approves a grant, I will be bound by the contents of my application to carry out my project as I have described and my application will form part of my contractual agreement with the Council.

Your Name *

Title

First Name

Last Name

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Relationship to Athlete

If you are completing the application on behalf of the athlete

Date of Declaration *

AlburyCity Feedback Questionare

How much time did your application take to complete? *

- ☐ Less than 1 hour
☐ 1 hours to 2 hours
☐ 2 hours or more

Did you experience any problems or issues in completing the application? *

Will you apply for a future AlburyCity online grant? *

- ☐ Yes ☐ No ☐ Maybe