

Individual Athlete Grant Application Form 2024/25

Form Preview

2023/24 Individual Athlete Grants

Welcome to the AlburyCity Individual Athlete Grant program.

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

Before completing your application, please make sure you familiarise yourself with the grant selection criteria [2023/24 Individual Athlete Grants - Albury City Council \(smartygrants.com.au\)](https://smartygrants.com.au) and AlburyCity's Financial Assistance Policy [Financial Assistance Policy | AlburyCity \(nsw.gov.au\)](https://alburycity.nsw.gov.au)

For queries about the guidelines, deadlines, or questions in the form, please contact us on (02) 6023 8111 during business hours or email info@alburycity.nsw.gov.au and quote your application number.

Personal Details

* indicates a required field

Athlete's Name *	<input type="text"/>						
Athlete's Address *	<div>Address</div> <div><input type="text"/></div> <div><input type="text"/></div> <div>Suburb State Postcode</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div>						
Applicant's Name *	<table><tr><td>Title</td><td>First Name</td><td>Last Name</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> <p>Must be a Parent / Guardian Name if under 18</p>	Title	First Name	Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Last Name					
<input type="text"/>	<input type="text"/>	<input type="text"/>					
Please attach evidence of your residency eg. drivers licence or power bill *	<div>Attach a file:</div> <div><input type="text"/></div>						
Phone Number *	<input type="text"/>						
Email Address *	<input type="text"/>						

Individual Athlete Grant Application Form 2024/25

Form Preview

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 *

- ☐ 18 and Under
☐ 19 to 29
☐ 30 to 39
☐ 40 to 49
☐ 50 to 59
☐ 60+

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

- ☐ Yes
☐ No

Event Details

* indicates a required field

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

Name of Event *

Sport *

Who are you representing? *

What level of representation does this fit *

- ☐ State Level - For nation-wide competitions where the applicant is representing State (E.g. NSW or Victoria)
☐ National Level - For international competitions where the applicant is representing Australia

Location of Event *

Event Start Date *

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

Individual Athlete Grant Application Form 2024/25

Form Preview

Event End Date *

Must be a date.

Please provide a detailed description of the event *

Please attach written confirmation of your selection from a governing body. *

Attach a file:

Written confirmation must state athletes name and confirm participation at the event.

Please identify the date you were notified of your selection *

Must be a date.

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

Please detail costs involved in participating in this event *

How will your participation in this event be funded and any have you received other funding assistance? *

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/school *

Please detail any other sports you participate in

Individual Athlete Grant Application Form 2024/25

Form Preview

Applicant Declaration

* indicates a required field

*

- ☐ 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.
- ☐ The athlete has no outstanding grant acquittals or outstanding debts owing to Council.
- ☐ I am submitting this application at least 4 weeks prior to the planned event
- ☐ The athlete has not received a grant at the level of representation applied for in this application, within the last 12 months

Your Name *

Title

First Name

Last Name

Relationship to Athlete

If you are completing the application on behalf of the athlete

Date of Declaration *

You are now at the end of the Application. To finalise and submit your grant application, please answer the following feedback questions so we can improve our application process for the future.

Once you have answered the questions, press **REVIEW** (below right), download a copy for your records and then **SUBMIT**.

AlburyCity Feedback Questionnaire

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

- ☐ Border Mail Advertisement
- ☐ Social Media
- ☐ Any other media (e.g TV)

- ☐ Discussions with Council Staff
- ☐ Word of Mouth

Individual Athlete Grant Application Form 2024/25

Form Preview

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