Young Achievers Grant Application Form
Form Preview

Young Achievers Grant

* indicates a required field

The Young Achievers Grant is available for youth who have been selected to participate in a representative competition or program at a State, National or International level. The grant is provided by Council to assist in meeting the costs associated with participating in a representative competition or program.

The Program is open for applications over 3 rounds during the 2026/27 Financial Year.

- Round 1 is open from 1 July to 30 September for eligible activities between 1 November to 28 February
- Round 2 is open from 1 November to 31 January for eligible activities between 1 March to 30 June
- Round 3 is open from 1 March to 31 May for eligible activities between 1 July to 31 October

Applications must be received prior to the competition. Applications for competitions that have already occurred will not be considered.

The Young Achievers Grant is delivered in accordance with Council's Community Support Policy.

Important Information

Before completing this application form, you should have read the program guidelines.

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant.

If you have any questions regarding the eligibility criteria or application process, please contact the Sport, Recreation & Community Development team on 1300 972 753.

Please have your application number on hand when contacting Council regarding your grant application.

Application Number

This field is read only.

Confirmation of Eligibility

Before proceeding, please confirm the following:

- you have read and understood the program guidelines
- you must be 18 years or under at the time of competition
- you are amateur in status
- you are a permanent resident of Whitsunday Regional Council local government area

- you must be able to provide written verification of selection or invitation to participate
- you must be able to provide evidence of associated costs
- you must provide evidence confirming your financial contribution and residency status
- the applicant is not representing a religious organisation or government department
- you do not owe any reports or money to Whitsunday Regional Council

You must confirm that all statements above are true and correct. *
☐ Yes

Contact Details

* indicates a required field

Privacy Notice

Queensland has privacy legislation that applies to the Queensland public sector - the Information Privacy Act 2009. The Act contains privacy principles that set out how agencies may and must handle personal information. Personal information means any information about an identifiable person. Our Privacy Notice refers to details of the types of personal information that we hold and how we handle this information.

To view our privacy statement, go to Whitsunday Regional Council - Information and Privacy

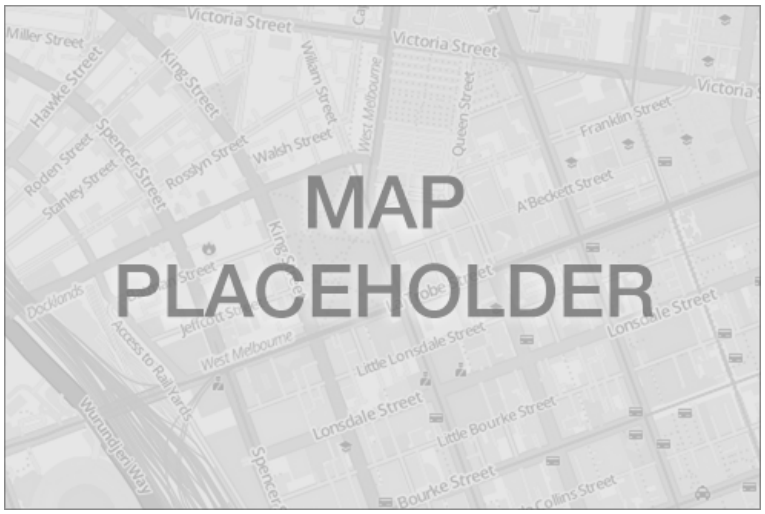
Applicant Details

Grant Recipient *
Title First Name Last Name

Grant Recipients Date of Birth *

Parent / Guardian *
Title First Name Last Name
This

Grant Recipients Primary Address
Address



How long have you lived in the Whitsunday Regional Council local government area? *
- ○ Less than 12 months
- ○ More than 12 months

Will require confirmation of your residency

Parent / Guardian Postal Address
Address

Parent / Guardian Phone Number *

Must be an Australian phone number.

Parent / Guardian Email Address *

Must be an email address.

Competition Details

* indicates a required field

Name of Competition *

Type of Competition *

☐ Football (Soccer)	☐ Swimming	☐ Basketball	☐ Cycling / Mountain Bike Riding
☐ Rugby League	☐ Tennis	☐ Cricket	☐ Snow Sports
☐ Rugby Union	☐ Dance	☐ Athletics	☐ Equestrian

☐ Touch Football
☐ Tournament of the Minds
☐ Gymnastics
☐ Motorsports
☐ Australian Rules Football (AFL)
☐ Music
☐ Boxing / Martial Arts
☐ Other:
☐ Netball
☐ Theatre
☐ Golf

At least 1 choice must be selected.

Level of Representation *

Date of Competition *

Must be a date.

Location of Competition *

Please advise where the competition is being held

What is the predicted total cost of attending the competition? *

Must be a dollar amount.

Provide a summary outlining how the predicted total costs for attending the competition have been allocated, including a breakdown of key expense categories *

Are you receiving funding for this competition from any other sources? *

If yes, please provide information of funding source and amount received.

Have you received any sponsorship or grant funding from Whitsunday Regional Council this financial year? *

○ Yes
○ No

If yes, please outline below what sponsorship or grant funding you have received

Supporting Documentation

* indicates a required field

To support your application some additional supporting documentation is required.

For your ease of reference, a blank Stat Dec Form can be accessed via the following link - Statutory Declaration Form - Qld

Applicants Birth Certificate / ID *
Attach a file:

A minimum of 1 file must be attached.
Required to confirm applicants date of birth

Evidence of selection / invitation to participate in the competition or program *
Attach a file:

A minimum of 1 file must be attached.
Official letter of selection etc

Evidence of associated costs to participate in the competition or program *
Attach a file:

A minimum of 1 file must be attached.
eg: travel/accommodation etc

Evidence that you currently reside within the Council area (eg: power bill, rates notice or drivers licence) *
Attach a file:

A minimum of 1 file must be attached.
Required to confirm financial costs and residency status

Certification and Feedback

* indicates a required field

Certification

Because the grant recipient is under 18 years of age, the parent / guardian must sign this declaration on behalf of the applicant.

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the application for this grant is approved, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree * ☐ Yes

Name of Parent / Guardian *

Title	First Name	Last Name

Relationship to Grant Recipient *

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Phone number *

Must be an Australian phone number.

Email *

Must be an email address.

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback

Please indicate how you found the online application process.

○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

How many minutes in total did it take you to complete this application?

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.