



## YOUTH ACHIEVEMENT DONATION APPLICATION

### APPLICANT DETAILS

Applicant (Child) Name		Date of Birth	
Parent/Guardian Name			
Postal Address			
Residential Address			
Email Address			
Phone Number			

### ELIGIBILITY

What is the application type?	<input type="checkbox"/> Individual	<input type="checkbox"/> Team, how many individuals _____
Do you permanently reside in Weipa?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What category does the activity fall under?	<input type="checkbox"/> Sport	<input type="checkbox"/> Arts / Culture <input type="checkbox"/> Academia
What is the level of representation?	<input type="checkbox"/> Far North Queensland representation at State Level Event <input type="checkbox"/> Queensland representation at National Level Event <input type="checkbox"/> Australia representation at an International Level Event	
Were you competitively selected by a recognised State or national group? <i>*Evidence of selection must be attached with application</i>	<input type="checkbox"/> Yes - eligible	<input type="checkbox"/> No - ineligible
What is the name of the competition?		
Where is the location of the competition?		
When is the competition held?		

### PAYMENT DETAILS

Bank Name		Account Name	
BSB Number		Account Number	

### AUTHORISATION & DECLARATION

*This form is to be signed by the applicant's parent or guardian, or, for a team submission, the designated representative of the team.*

I declare all information provided in this application is true and accurate.

Name		Date	
Signature			

**FOR TEAMS ONLY - COMPLETE THE BELOW SECTION FOR EACH CHILD RESIDING IN WEIPA**

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Parent/Guardian Name			
Postal Address			
Residential Address			
Email Address			
Phone Number			