

Community Pathways Scholarship Application 2024-2025

Form Preview

Important Information

Before You Start

Have you read the Community Grants Program Guidelines?

- Read the [Guidelines](#) to ensure all of the eligibility criteria are met.

Have you gathered all supporting documents to attached to this application?

- Supporting documents may be required for this application. Make sure you have them attached before pressing the submit button
- Examples of supporting documents: Successful selection notification into sporting or recreational competitions; Letter of Support from Auspice Organisation; Letters of Support; Artist CV; copy of a valid Health Care Card; etc
- If you are applying for a Sport and Recreation Competition Support, these events must be endorsed by the recognised sporting association/organisation as listed by: • [Sport and Recreation Victoria](#) • [Australian Sporting Commission](#)
- Please note: Grants Team staff may contact relevant people and organisations to substantiate, clarify or seek further information.

How to navigate and complete this grant application form in SmartyGrants?

- See the [Applicant Help Guide](#) for application assistance.

Is this Application for an individual whom is under 18 years of ages?

- Participants under the age of 18 will need to have an applicant over 18 years old to apply on their behalf.

Have you already submitted an application for this Grant Round?

- Please note only one scholarship, per financial year is permitted.

Are you having trouble completing the application?

- If you need support with your grant application, Wyndham's Grant Team is here to help. Please call ph. 1300 023 411 or email funding@wyndham.vic.gov.au

How do you find out about other Wyndham Grants Opportunities?

- Sign up to Wyndham City's Community Development, Grants and Volunteers eNewsletter [here](#)

Community Pathways Scholarships are an initiative of Wyndham City Council.

HINT: Please ensure that you save this application regularly to avoid losing data.

Applicant Details

* indicates a required field

Contact Details

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Which Community Pathways Scholarship are you applying for? *

- ☐ Arts & Culture
- ☐ Community Leadership
- ☐ Competitive Sports & Recreation

Select what best describes the activity you are going to do?

Are you applying for a participant who is under 18 years of age? *

- ☐ Yes
- ☐ No

Hint: Tick yes if you are parent/guardian or auspice group on behalf of recipient under 18 years of age.

Auspice Information

Will you be auspiced by a not-for-profit organisation? *

- ☐ Yes
- ☐ No

Not applicable to schools.

Applicant Information

If the individual applicant is under 18 years old we will require the authorisation of the parent/guardian prior to submitting your application. The authorisation form can be located at the end of the application form. The maximum scholarship available for individual applicants is \$500 activities in Australia and up to \$1,000 for overseas activities, or if auspiced by a not-for-profit organisation (on a case by case basis). Please review the [Community Pathways Scholarship Grant Guidelines](#) for further details about all Community Pathway Scholarship categories.

Applicant details applying for Funding

Participants under the age of 18 will need to have an applicant over 18 years old apply on their behalf.

Applicant Recipient *

First Name

Last Name

List the participant under 18 years of age.

Correspondence Information

Applicant Primary Address *

Address

Applicant Postal Address *

Address

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Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Under 18 Community Pathways Scholarship

Date of Birth *

Must be a date.

Over 18 Community Pathways Scholarship

Date of Birth *

Must be a date.

Auspice Organisation

The organisation listed in this section is the Auspice Organisation, and must be a non-profit entity, such as an incorporated association, registered charity and/or non-profit by constitution. If your application is successful, the auspice will be responsible for ensuring all requirements of the grant are met.

Providing Evidence

A signed Auspice Agreement/Letter of Support is required to be attached to this application to be eligible for funding.

NOTE: If you do not have an auspice for your funding application, you will not be able to complete this section of the form.

Auspice Organisation *

Organisation Name

Auspice Contact

Title First Name Last Name

Auspice Contact Position

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Auspice Primary Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Auspice Primary Phone Number *

Must be an Australian phone number.

Auspice Primary Email *

Must be an email address.

Auspice Primary Website

Auspice ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Must be an ABN number not entity name.

Auspice Agreement *

Attach a file:

Please upload evidence of your auspice agreement/support.

Student Support

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If you are applying for Student Support Grant (Schools Only), please **Phone 1300 023 411** or email **funding@wyndham.vic.gov.au**

Do not proceed any further with this application.

Application Summary

* indicates a required field

Overview

Total Amount Requested *

\$

What is the total financial support you are requesting in this application? Must be a whole dollar amount (no cents). Please check the dollar amount that you are eligible for in the Community Grants Guidelines; reference Page 14 & 15: Community Pathways Scholarships.

Activity

Activity Title *

Word count:

Must be no more than 30 words.

Activity Summary *

Word count:

Must be no more than 100 words.

In 100 words or less, briefly outline the scholarship activity (competition, training, event, etc.) and its importance to you / the young person subject of the application.

Start Date *

Must be a date and between 5/7/2024 and 30/6/2025.

End Date *

Must be a date and between 5/7/2024 and 30/6/2025.

Project Information

* indicates a required field

Arts Culture

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Please provide information outlining your artistic practice and recent creative activities *

Word count:

Must be no more than 200 words.

Please upload your Artist CV (Resume) *

Attach a file:

Please upload other supporting documents

Attach a file:

Community Leadership

Please provide information outlining recent community contributions from the area you have been involved in. *

Word count:

Must be no more than 200 words.

Please upload evidence of volunteer participation or civic engagement *

Attach a file:

You may also choose to attach additional documentation which will further support your application.

Please upload other supporting documents

Attach a file:

Competitive Sports Recreation

Applications must be accompanied by a letter and/or other official documentation from the State or National Association or governing body of the sport/recreation competition concerned. The documentation must confirm that the competition is of National or International standard and must confirm selection/entry into the competition.

Please note: This information will be confirmed with the relevant association or governing body electronically and/or by email / telephone.

Have you / the under 18yo applicant been selected and registered to compete in the nominated championship/competition as outlined above? *

☐ Yes

☐ No

Name of Competition *

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State/National Association Name *

Organisation Name

Association Contact Name *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Association Contact Position ***State/National Association Primary Address ***

Address

<input type="text"/>
<input type="text"/>

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Association Contact's Phone Number *

Must be an Australian phone number.

Association Contact's Email *

Must be an email address.

Association Website

Must be a URL.

Evidence of Competition Entry/Registration *

Attach a file:

A letter or other official documentation from the sporting/recreational activity body confirming your selection/entry into the competition.

Please upload other relevant supporting documents

Attach a file:

Other Financial Support

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Have you, or the under 18yo person subject of this application, secured funding, sponsorship or a scholarship from another organisation(s) for the activity subject of this application? *

☐ Yes

☐ No

This will not exclude the applicant from being eligible for a scholarship.

Support received

If yes, who from and for how much (if financial support)?

Budget Income

When completing your project budget remember to be realistic in estimating costs and include all costs including in-kind and financial contributions toward the project.

You are required to insert in the income and expenditure columns in the table below. It is important that the income and expenditure columns both balance.

Your budget **MUST** balance (Total income = Total expenditure).

Income Source	Income Type	Income Amount	Notes
		\$	
		\$	
		\$	
		Must be a dollar amount.	

Budget Expenditure

Where necessary, please comment on how you have estimated budget items. If your application is successful, you may be asked to provide supporting documentation (such as quotes and calculations) for budget items.

Please place an X beside the expenditure item/s the scholarships funds will cover.

Expense Description	Expense Type	Expenditure Amount	Note
		\$	
		\$	
		\$	
		\$	
		Must be a dollar amount.	Please place an X beside the expenditure item(s) the scholarship funds will cover.

Budget Totals

Total Income Amount

Total Expenditure Amount

Income - Expenditure

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\$

This number/amount is calculated.

\$

This number/amount is calculated.

\$

This number/amount is calculated.
Should be \$0.00

Supporting Finance Documents

Please upload all required evidence as detailed below:

- Quotes
- Evidence of financial need if applicable (e.g. Health Care Card)

Please tell us how this scholarship will support you/your family financially? *

Word count:

Must be no more than 120 words.

As there are limited money available for these scholarships and some residents are not eligible for a Health Care Card but may still be experiencing financial hardship, this question provides you an opportunity to include details as to why you NEED support with the costs related to this opportunity.

Upload Other Documents e.g quotes, evidence of selection in the event/competition, travel documentation, itinerary, accommodation

Attach a file:

Do you have a valid Australian Health Care Card? *

☐ Yes

☐ No

You will need to upload the valid Health Care Card

Health Care Card

Upload valid Health Care Card (not mandatory but will be prioritised for a scholarship) *

Attach a file:

Must be valid

Declaration

* indicates a required field

This declaration must be made by the Individual Applicant, Parent/Guardian, Authorised Representative of the applicant, auspice organisation/group or authorised school representative.

General

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- 1.I declare that I am the Individual Applicant, Parent/Guardian, Authorised Representative of the applicant, auspice organisation/group or authorised school representative in this Scholarship application.
- 2.I understand that there is no guarantee that the Scholarship will be provided. The application will be assessed against the criteria and the funding decision of Council is final.
- 3.I understand that if scholarship is awarded, the Individual Applicant, Parent/Guardian, Authorised Representative of the applicant, auspice organisation/group or authorised school representative will be responsible for ensuring that funds are appropriately distributed, that all financial records are kept and that all requirements of the grant are met.
- 4.I declare that all information provided in this application is true and correct to the best of my knowledge at the time of completing the application.
- 5.I have read and understand all the requirements outlined in the Community Grants Program Guidelines.
- 6.I understand that the Individual Applicant, Parent/Guardian, Authorised Representative of the applicant, auspice organisation/group or authorised school representative will not be eligible for a Council Grant or Scholarship until all conditions are met for any pre-existing Council grant or Scholarship.
- 7.I understand that Council employees and Councillors will not be responsible at any time for any liability incurred or entered into by the Individual Applicant, Parent/Guardian, Authorised Representative of the applicant, auspice organisation/group or authorised school representative as a result of or arising out of this application process or any subsequent scholarships, grants or projects.
- 8.I understand that if this application is successful, the Individual Applicant, Parent/Guardian, Authorised Representative of the applicant, auspice organisation/group or authorised school representative will be required to enter into a funding agreement with Council and comply with its terms.

Privacy Statement

I understand that:

- My personal information is being collected by Wyndham City Council through SmartyGrants a third party platform, for the purpose of assessing, administering and monitoring my grant application.
- The information collected will be used and stored by Council and SmartyGrants for the purpose stated and in accordance with [Council's Privacy Policy](#) and [SmartyGrants Privacy Policy](#).
- My contact information may be passed onto council officers with operational relevance to the the activity I am seeking a scholarship for.
- Wyndham City Council may publish the applicant or auspice's name and details about the applicant and the activity on its website or in promoting the grants program.

By selecting the YES box you are agreeing to this declaration *

☐ Yes

General

I declare that I am the Individual Applicant, parent/guardian or the Authorised Representative for the Auspice Organisation in this funding application.

I understand that if funding is awarded I will be the individual responsible, ensuring that funds are appropriately distributed, that all financial records are kept and that all requirements of the grant are met.

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

I understand that if this application is successfully awarded funding, it will be subject to Terms and Conditions which will include the provision of reporting on the completion of the development opportunity.

I understand that Council accepts no liability or responsibility that may arise from the activities funded.

Privacy

I understand that:

- Wyndham City Council will use any information provided in this application for the purpose of assessing, administering and monitoring any applications by the Applicant and for remaining in contact with the Applicant
- personal information is only accessed by persons authorised to do so
- Wyndham City Council may publish the Applicant's and Participant's name and details about the Scholarship and activity on its website or in promoting the grant program.

Applicant Authorised Representative *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship to the Applicant

Hint: if Applicant is under 18 years and applying for a sports grant

Parent/guardian or the Authorised Representative Primary Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Parent/guardian or the Authorised Representative Postal Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Parent/guardian or the Authorised Representative Representative Primary Phone Number *

Must be an Australian phone number.

Applicant Authorised Representative Primary Email *

Must be an email address.

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How did you hear about the Community Grants Program?

- ☐ Wyndham City website
- ☐ eNewsletter
- ☐ Social media
- ☐ Council email
- ☐ Flyer/Poster
- ☐ Newspaper
- ☐ Word of mouth
- ☐ Other

Please specify if other:

Applicant 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? *

Must be a number.

Hint: Estimate in minutes i.e. 1 hour = 60 minutes

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