Application Form

Marie T Little OAM Champions Scholarship 2018

**Section 1 – Contact Information**

Title:

First Name: Surname:

Address:

Town/Suburb: Postcode:

Telephone: Mobile:

Email:

**Section 2 – Consent Form**

Is the athlete under 18 years of age at the time of submitting this application? Yes/No

If yes, this form must be signed by a parent/guardian.

Name of Parent/Guardian: ……………………………………………………………………………………………………….

Signature: …………………………………………………………… Date: ……………………………………………………….

**Section 3 – Activity Overview**

Activity Name:

Activity Description: (100 words or less)

State/Country:

Activity Start Date:

Activity Completion Date:

Sport:

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**Section 4 – Response to Assessment Criteria**

Describe why you want to travel to compete at this event and the benefits it will provide you.

Provide details of your previous performances

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**Section 5 – Attached Information**

Attach any documents you wish to provide as part of your application. List them here

**Privacy Collection Notice**

The personal information on this form is collected by Sport Inclusion Australia for the purposes of administering your grant application. Personal information may also be disclosed to members of assessment panels for assessment, reporting, advice or comment.

**Declaration**

I state that the information in this application is to the best of my knowledge true and correct. I will notify Sport Inclusion Australia of any changes to this information and any circumstances which may affect this application. I understand that this is an application only and may not necessarily result in funding approval. I understand that if this application is successful, that funding will be subject to terms and conditions set out in agreement with Sport Inclusion Australia

 Please check this box to confirm that you accept the declaration.

Name: ……………………………………………………………………………..

Signature:……………..…………………………………………………..……. Date: ……………………………………