



Regional Coach / Official Scholarships

APPLICATION FORM

2008

(Applications Close Friday 28th March, 2008)

Office Use Only

TRIM: _____

Grant No: _____

Region: _____

PART 1 (To be completed by an office bearer from the applicant organisation/association)

Applicant Organisation Details:

Organisation Name:			
Postal Address:		Postcode:	
Street Address:		Postcode:	

Preferred Contact Person: (An office bearer from the applicant organisation/association - Not the same person seeking the scholarship) - All application correspondence will be directed to this person

Name:		Title:	Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>
Position Held:			
Business Phone:		Facsimile:	
Mobile Phone:		Web Address:	
Email:			

Taxation Details:

Does your organisation have an ABN?	Yes <input type="checkbox"/>	ABN:
	No <input type="checkbox"/> *	
* If no ABN available, then your organisation will have to investigate its eligibility with the ATO to utilise a Statement by Supplier form.		
Is your organisation registered for GST?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Is your organisation not-for profit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is your organisation incorporated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Incorporation #: *

* Please attach a copy of the Incorporation Certificate.

Applicant Organisation's Certification

I hereby certify that to the best of my knowledge, the information given above and in the attached documentation is correct.

I also certify that the financial support being sought is for a program that commences after the submission of this application

I acknowledge that the scholarship support places obligations on the coach / official **and** on the applicant organisation and I agree on their behalf to meet all such obligations, acknowledging that failure to meet these obligations might place further funding in jeopardy. (These obligations include conditions about publicity and behaviour as outlined in the guidelines and the agreement. They also include the obligation to complete a Program Review Form)

Name _____

Position Held _____

Signature _____

Date _____

If you have any queries about eligibility or the details required when applying for this scholarship, please contact the <region> office of the Department of Sport and Recreation on <phone number>.

Please return a completed and signed copy of this application to:

DEPARTMENT SPORT AND RECREATION

<NAME OF REGIONAL OFFICE>

<REGIONAL OFFICE ADDRESS>

<SUBURB WA 6???:>

IMPORTANT INFORMATION

Please ensure the following documentation is attached

- **A letter of endorsement from the State Sporting Association (see Appendix 1) supporting this application.**
- **A copy of any training or development programs for the applicant during the period of the scholarship. This may include information on education sessions, competitions, special courses etc, with dates.**
- **Any other documentation that will support the application.**

PART 2 (To be completed by the Coach / Official)

Coach / Official (Recipient) Details

Role (please tick relevant box) Coach Official

Name of Coach / Official:			
Address:			
Postcode:		Suburb:	

Telephone (Home):		Work:	
Mobile:		Email:	
Date of Birth:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Are you of Aboriginal or Torres Strait Islander descent?	Yes <input type="checkbox"/> No <input type="checkbox"/> *		

* Please note that this information is required purely for statistical purposes and has no bearing on the success of the application or the amount granted.

Program Period Dates (Begin)		(Ends)	
NCAS or NOAS Registration Number		Expiry	
NOTE: This can be obtained from your State Sporting Association or from the Australian Sports Commission.			
Accreditation Level		Coach	<input type="checkbox"/>
		Official	<input type="checkbox"/>

Background

Please list some of your most significant achievements to date in your sport/s.

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Please make some brief personal comments about yourself and your sport. These may be used for presentations to the media.

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Your Future

Please outline your short term objectives (within the next 12 months) and how you plan to achieve them.

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Please outline your longer term goals (beyond the next 12 months).

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Declaration by the Coach / Official

I hereby certify that to the best of my knowledge, the information given above and in the attached documentation is correct.

I acknowledge that the scholarship support places obligations on myself, which I agree to meet, acknowledging that failure to meet these obligations might place further funding in jeopardy. (These obligations include conditions about publicity and behaviour as outlined in the guidelines and the agreement. They also include the obligation to complete a Program Review Form and refund scholarship funds not spent on activities approved by the Department)

Signature Date

Parental signature if U/18 Date

If you have any queries about your eligibility or the details required when applying for this grant, please contact the <region> office of the Department of Sport and Recreation on <phone number>.



REGIONAL COACH /OFFICIAL SCHOLARSHIPS

ENDORSEMENT BY STATE SPORTING ASSOCIATION

_____ support the application of
(Name of State Sporting Association)

_____ from _____
(Name of Coach / Official) (Name of Regional Organisation/Association)

to receive a Regional Coach / Official Scholarship.

Signature of Authorised Person

Date

Name of Authorised Person

Position within State Sporting Association

Note:

Applications will not be considered without the endorsement of the State Sporting Association.