Youth Encouragement Grant - 2026/2027
Form Preview

Before starting your application, please ensure you meet the eligibility criteria

* indicates a required field

Please confirm the following:

1. I have read and understood the Youth Encouragement Grant Guidelines
2. I am aged between 12 - 24 years
3. The program/course is more than four (4) weeks away at the time of submitting this application
4. I understand that incomplete applications will not be assessed

*

○ Yes ○ No

Eligibility Check

You *must* meet the following criteria to proceed:

Are you a City of Rockingham resident? *

○ Yes ○ No

Have you received a Youth Encouragement Grant this financial year? *

○ Yes ○ No

Have you attended this same program/course in previous years?

○ Yes ○ No

Have all previous grants awarded to you by the City of Rockingham (if applicable) been acquitted? *

○ Yes ○ No ○ N/A

Are you aged between 12 - 24? Please state your date of birth *

Must be a date.

Is your program/course start date at least four (4) weeks from today? *

○ Yes ○ No

Program Start Date *

Must be a date.

Program End Date *

Must be a date.

Providing false or misleading information in this application will result in the application being declined.

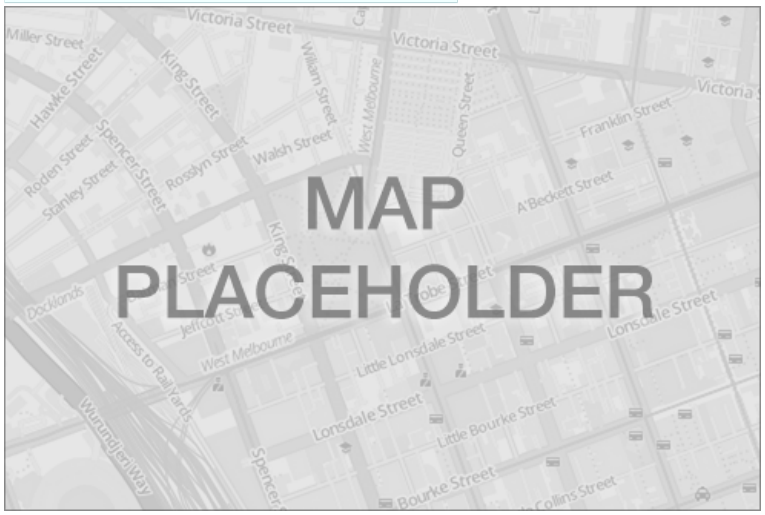
Applications will not be accepted for programs or courses that have already commenced, as this funding does not support retrospective payments or reimbursements.

Applicant Details

* indicates a required field

Applicant *
First Name Last Name

Applicant Primary Address *
Address



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

Applicant Postal Address *
Address

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

Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Personal Email *

Must be an email address.

Applicant Primary Bank Account *
Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Tell us about the program/course

* indicates a required field

The following questions will be used to assess your application. Please provide clear and detailed responses.

What is the title of the program/course? *

Where is the program/course held? *
Address

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

Please confirm the funding requested does not include any of the following:

- Sporting activities
- Driving lessons and/or driving licence fees
- School / TAFE / university fees (except short courses, academic and leadership programs that are 12 weeks or less)
- Equipment, resources and technology (e.g. text books, laptops / tablets, stationery, mobile data and internet connection)
- Accommodation, uniforms, flights and travel costs

*

○ Yes ○ No

Amount Requested *

Must be a dollar amount.

Please provide an overview of the program/course including what it involves and key activities. *

Which category does this program fall under? Tick all that apply: *
☐ Employability ☐ Learning ☐ Leadership ☐ Social Skills and Knowledge ☐ Community Participation

Why did you choose this program/course and how will it benefit you personally? *

How will attending the program/course assist you with your future goals? *

Supporting Documents

* indicates a required field

Please upload all required files

Proof of Age *
Attach a file:

E.g - driver's license, proof of age card, birth certificate

Proof of City of Rockingham residency *
Attach a file:

E.g. rates, driver's licence

Bank Account Details *
Attach a file:

Must include account name, BSB and account number on official bank document

Please upload evidence of your enrolment, including program details (e.g. confirmation email, registration summary, or course information showing dates, provider, and content). *
Attach a file:

Declaration and Privacy Statement

* indicates a required field

The City of Rockingham is collecting your personal information for the purpose of administering and assessing grant applications, including eligibility checks, assessment, monitoring, and reporting. It may also be used for secondary purposes which would be reasonably expected. Your personal information will not be disclosed to any other party without your consent unless required or authorised by law.

If you choose not to provide your personal information, we will not be able to assess your application or approve a reimbursement.

To access, correct or learn more about how we handle personal information please contact privacy@rockingham.wa.gov.au or visit rockingham.wa.gov.au/privacy.

By submitting this application, I confirm that:

- I am authorised to submit this application
- The information provided is true and correct to the best of my knowledge
- All previous City of Rockingham grants have been acquitted (where applicable)
- I will notify the City of any changes to this application
- I have read and agree to the Youth Encouragement Grant Guidelines

I understand that providing false or misleading information may result in the application being declined, funding being withdrawn, and/or repayment of funds.

Authorised Person's Name *

First Name | Last Name

If this declaration is being completed by someone other than the applicant, please specify your relationship to the applicant. *

I agree to the above Declaration and Privacy Statement *

○ Yes