

**School Sport ACT Scholarship Fund**

**Purpose**

The benefits of sports participation for children go far beyond general well-being and the need to be physically active. Children playing sport not only learn to cooperate with others, form friendships and build resilience, they can also develop a positive self-esteem as they achieve personal goals.

School Sport ACT (SSACT) provides services to over 50,000 students each year through its support of school, regional, state and national events.

From this 50,000, many hundreds trial for state team selection. Over 700 students are selected to represent the ACT across 17 sports each year. A figure that is unknown, is the hundreds of students that do not trial for selection, in their sport of passion, as their family simply cannot afford the expense of representative sport.

The School Sport ACT Scholarship Fund aims to provide assistance to families that may be unable to meet the financial requirements to accept the selection of their child to an ACT representative team.

**Applicant Information**

The Scholarship Fund is open to applications from students travelling interstate to attend a School Sport Australia Championship. Students attending an ACT hosted Championship are not eligible.

Only a custodial parent or guardian who is financially responsible for the student may apply for a scholarship for a student who is attending a School Sport ACT (SSACT) member school within the ACT.

To be considered, each application must be endorsed and signed by the student’s Principal. This will include a confirmation of enrolment status, attendance and endorsement for each applicant.

To be eligible to apply, the applicant must be able to demonstrate financial need by providing evidence, of a minimum of ONE, of the following;

* Appropriate Government Recipient of assistance, may include; Centrelink Card holder

Healthcare Card holder, Pensioner Concession Card holder, NDIS provision, Department of Veteran Affairs Card holder.

* ACT Government Secondary Bursary Scheme recipient
* Catholic Education Foundation Bursary recipient
* Independent School Scholarship or Bursary recipient
* Circumstantial Hardship – e.g. multiple children in SSACT representative teams, student is selected in more than one state team

Scholarship recipients will be selected by a panel made up of individuals who represent the;

* ACT Schools Sports Council
* Education Directorate
* Catholic Education Office
* Association of Independent Schools ACT
* Corporate Supporter

Successful scholarship recipients will receive a payment of $500 which will be deducted directly from their total team fees amount prior to their respective Championship. If the student withdraws before departure the payment will remain within the Fund. First time applicants will be given preference over those who have already received funds in that calendar year.

While all applications will be reviewed and assessed, the panel may not be in a position to grant all Scholarship Fund applicant requests, as these may exceed the allocated funds available at that time. If an application is unsuccessful there is no process of appeal.

**APPLICANT’S DETAILS**

**Please note this section is for details of the Applicant, *not* the student(s) the Scholarship is being applied for.**

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| **NAME OF APPLICANT**  (Please indicate the name to which you wish your mail addressed) | Mr |  | Ms |  | **SURNAME** | | **GIVEN NAMES** | |
| Mrs |  | Miss |  |
| Other |  |  |  |
| **RESIDENTIAL ADDRESS**  (Please indicate the address to which you wish your mail sent.) | Number and Street (or Property Name, etc.) | | | | | | | |
| SUBURB | | | | | STATE | | POSTCODE |
| **POSTAL ADDRESS (If different)**  (Please indicate the address at which you live, if it is different from your postal address. If it is the same, please write “as above”.) | Number and Street (or Property Name, etc.) | | | | | | | |
| SUBURB | | | | | STATE | | POSTCODE |
| **PHONE NUMBER(S)**  (Please list your daytime contact number or numbers.) | HOME | | | | | MOBILE | | EMAIL |

**STUDENT’S DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| SURNAME |  | | |
| FIRST GIVEN NAME |  | | |
| DATE OF BIRTH |  | | |
| GENDER | Male | Female | Other |
| SCHOOL NAME | SCHOOL YEAR/GRADE | |  |
| STATE TEAM SELECTED FOR |  | | |

**EVIDENCE OF NEED**

Please attach a scan of your current Concession/Recipient Card or Scholarship/Bursary information, from the eligibility requirements listed in the SSACT Scholarship information document.

The copy of the card or information *must* show the name of the student relevant to the application and it *must* be signed. You must scan *both* sides of any Concession Card. Please note that Medicare cards are not accepted.

**SUPPORTING STATEMENT**

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| **Please provide information to support the application regarding the requirement for funding assistance and what it will mean for the student if the application is successful. (Maximum 500 words, can be attached as a separate page if required)** |
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### PRINCIPAL ENDORSEMENT

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| --- | --- | --- |
| **The application must be submitted with the student’s School Principal Endorsement and Signature to be considered.** | | |
|  | | |
| **Principal Name in Print** | **Principal’s Signature** | **Date** |

**I UNDERSTAND:** That School Sport ACT may contact the student’s Principal to confirm the above details.

**I UNDERSTAND:** That if this application is successful, and the student subsequently withdraws before departure, the payment will remain within the Fund.

**I CERTIFY:** That to the best of my knowledge and belief the information supplied on this form is complete, true and correct.

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| **SIGNATURE of Applicant** | **Date** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_ |

Please return your completed form and supporting documentation to:

**Email: eo@schoolsportact.org.au**