

## YOUTH GRANT APPLICATION FORM 2024

Deaf Children Australia's (DCA) Youth Grants were established in 2000 with support of our philanthropic partners to help deaf and hard of hearing young people to achieve their goals in personal development, Deaf culture and community, life experiences, leadership, education, and skill building.

Youth Grants are available to all residents of Australia who have a permanent diagnosis of hearing loss and are aged 12 to 23 years. Please check our Information Kit for more details on eligibility.

To be considered you must provide proof of your permanent hearing loss, and your age. Please ensure you submit your proof of age and your audiogram (less than 5 years old) or other proof of **permanent hearing loss**, for example a letter from an audiologist or ENT with this application form for your application to be considered. Our Information Kit has more details on which documents are acceptable. Without these documents, your application will not be considered.

**Before applying, please read the application conditions and the Information Kit.**

If you have any questions, please contact:

Youth Grants  
Deaf Children Australia  
Tel 03 9539 5300  
Email [youthgrants@deafchildren.org.au](mailto:youthgrants@deafchildren.org.au)

**Closing Date is Friday 04 October 2024 at 11:59pm**

Please print neatly in blue or black pen or type your responses and submit your application via email or post as follows:

Youth Grants  
Deaf Children Australia  
PO Box 6466  
Melbourne 8008  
Email [youthgrants@deafchildren.org.au](mailto:youthgrants@deafchildren.org.au)

Tell us about yourself

Name

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Gender (optional)

---

Date of birth

---

Street Address

---

Suburb

---

Postcode

Phone

---

Email

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Preferred communication method

Auslan

Signed English

Oral – spoken  
English

Other (please  
specify)

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Are you currently studying?

Yes

No

If yes, please give details (name and place you are studying at, year level/course, etc.)

Parent/Guardian's Contact details (please complete if under 18)

Name

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Street Address

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Suburb

---

Postcode

Phone

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Email

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## Tell us about the project

You can provide your answers to this section in Auslan if you prefer. Provide a link to your video in Question 1 or send your video via WeTransfer. All other sections of the application must be written.

1. Title of the project:
  
2. Which category does your project fit into?
  - Sport and Recreation
  - Art and Music
  - Education
  - Skill Development (including driving lessons)
  
3. Tell us briefly what your project is about? (e.g., to join a World Challenge trek, represent your state or country in a sport/activity, or get specialist equipment to help with your studies):
  
  
  
  
  
  
  
  
  
  
4. List five reasons why DCA should give you a Youth Grant.
  - 1.
  
  - 2.
  
  - 3.
  
  - 4.
  
  - 5.

5. **Tell us how long your project will be.** (Your project plan must be completed within 12 months. Explain how long your project will be e.g., a four-day workshop or two weeks travel):

6. **Where will your project be based?** (e.g., this could be somewhere in your home state, another state/territory, or another country). Please provide full details:

7. **Who will you be working with?** (e.g., this could be an overseas volunteering organisation or a group of parents of deaf children)

8. **Why have you chosen this project?** (e.g., explain why this is helping you achieve goals)

9. **What steps will you take to reach your goal?** (e.g., do you have a project plan?)



### 13. Who completed this application?

Name

#### Referees

Professional Referee (e.g., teacher/tutor, TAFE or university or employer)

Name

Street Address

Suburb

Postcode

Phone

Email

Personal Referee (someone who knows you well)

Name

Street Address

Suburb

Postcode

Phone

Email

#### Authorisation

The information supplied in this application is correct to the best of my knowledge.

I have included proof of my age and proof of my permanent hearing loss with my application.

I understand the criteria under which the grants are made. I have read and understood the Information Kit and am bound by the conditions set out in this Kit. I also understand and agree that Deaf Children Australia may use my story for publication purposes. This includes photos, videos, images, and quotes from your project.

Applicant - please sign your name and date. If you are under 18 years of age, you must get your parent or carer to sign:

Applicant name (print)

Signature

Date

I am the parent / guardian of the applicant and I fully support this application

Parent / guardian name:

Signature

Date