

YOUTH GRANTS 2025

APPLICATION FORM

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 Info 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 2 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 Info Kit has more details on which documents are acceptable. Without these documents, your application will not be considered.

Applications close 11:59pm, Friday 3rd October 2025

Before applying, please read the application conditions and the Info Kit.

Type your responses directly into the form and send via email to:

EMAIL ADDRESS:

youthgrants@deafchildren.org.au

Or fill in by hand and post to:

POSTAL ADDRESS:

Youth Grants Team
Deaf Children Australia
PO BOX 6466
St Kilda Road
Melbourne, Victoria 3004

If you have any questions, please contact the Youth Grants Team at Deaf Children Australia:

T: **03 9539 5308**

E: **youthgrants@deafchildren.org.au**

*TIP

Make sure to fill in all pages (2-6).

If filling in by hand please print neatly with a black or blue pen.

Please name or label any additional pages you are submitting.

We require signatures in the Authorisation section on page 6.

If you are filling in this form digitally using Acrobat you can sign using Digital ID. If you have opened the form in a web browser, you can draw a signature or insert a picture of a handrawn signature to the pdf. If you have any issues with adding a signature, we recommend printing out page 6, signing manually, then sending us a scan or photograph of this page along with the rest of your application.

Tell us about yourself

NAME: _____

GENDER (optional): _____ DATE OF BIRTH: _____

STREET ADDRESS: _____

SUBURB AND POSTCODE: _____

PHONE: _____

EMAIL: _____

PREFERRED COMMUNICATION METHOD (please tick):

- ☐ Auslan
☐ Signed English
☐ Oral - spoken English
☐ Other, please specify: _____

ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?

- ☐ Yes ☐ No

ARE YOU CURRENTLY STUDYING AT SCHOOL?

- ☐ Yes ☐ No

IF YES, PLEASE GIVE DETAILS (name and place of study, year level/course etc.):

PARENT/GUARDIAN CONTACT DETAILS

(please complete if entrant is under 18 years)

NAME: _____

STREET ADDRESS: _____

SUBURB AND POSTCODE: _____

PHONE: _____

EMAIL: _____

Tell us about the project

You can provide your answers to question 1 to 12 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 you with your studies):

4. List five reasons DCA should give you a Youth Grant.

1.
2.
3.
4.
5.

5. How long will your project 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 of 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?)

10. How will you benefit from your project? (e.g. you may learn new skills like leading a small team or develop your skills in a sport/activity/hobby)

11. How much your project is going to cost and how much money you are applying for?

Total project costs: \$ _____ Amount applying for: \$ _____

If your project will cost more than the money you are granted, how do you plan to get the rest of the money? Breakdown the costs for each part of your project. You can provide us with the information on another page. **You must send us a copy of the quote or proof of any costs.**

12. Will you have a support person to help with your project? (e.g. a family friend, parent or teacher, coach, instructor) If yes, please give us the name and address of this person and tell us what they do. Explain how they will support you in this project.

13. Who completed this application?

NAME: _____

Referees:

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

NAME: _____

STREET ADDRESS: _____

SUBURB AND POSTCODE: _____

PHONE: _____

EMAIL: _____

Personal Referee (someone who knows you well)

NAME: _____

STREET ADDRESS: _____

SUBURB AND POSTCODE: _____

PHONE: _____

EMAIL: _____

IMPORTANT:

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REFEREES
REQUIRED
IN THIS
SECTION

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 Info 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 my 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: _____

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

PARENT/GUARDIAN NAME (print): _____

SIGNATURE: _____ DATE: _____