YOUTH GRANTS

Deaf Children Australia.

YOUTH GRANTS **2026**

APPLICATION FORM

Deaf Children Australia's (DCA) Youth Grants were established in 2000 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. Thanks to the Bequest of the Allen and Cecilia Tye Fund, you can apply for a grant valued up to **$2,500** per person. The Johnsen Family Youth Grant is also available to fund an education (science and music) related grant up to **$1000.**

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, Thursday 1st October 2026

How to fill out the form:

We only accept applications electronically, do not print and fill in the form by hand.

First download the form, then open it in a PDF reader such as Adobe Acrobat Reader (free to download). You can also open the PDF in your browser and fill it in there.

It is a fillable form and you can type your responses directly into the live text fields. When you have answered all the questions, save the form on your device and send us a copy via email to:

youthgrants@deafchildren.org.au

We require signatures in the Authorisation section on page 7. If you are using Adobe Acrobat you can sign using Digital ID. If you have opened the form in a web browser to fill it in, 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 digital application.

Before applying, please read the Info Kit carefully and make sure to fill in all pages (2-7) of the application form.

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

T: **03 9539 5308**
E: **youthgrants@deafchildren.org.au**

Along with your application and supporting documents, please provide photo of yourself. This can be a headshot on a neutral background, or a picure of you doing your chosen activity. Please ensure you are looking at the camera, there are no other people in the shot, and that it is a good quality image (not blurry or pixelated). We will use this image on social media and other marketing materials to promote the Youth Grants program.

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)
- ◯ Science (eg. STEM, Applied Sciences, Social Sciences)

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: _____

IMPORTANT:
2
REFEREES REQUIRED IN THIS SECTION

Referee 1:

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

NAME: _____

STREET ADDRESS: _____

SUBURB AND POSTCODE: _____

PHONE: _____

EMAIL: _____

Referee 2:

Personal Referee (someone who knows you well)

NAME: _____

STREET ADDRESS: _____

SUBURB AND 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 Info Kit and am bound by the conditions set out in this Kit.
- ◯ I understand and agree that Deaf Children Australia may use my story for social media, publication and marketing materials to promote Youth Grants and the wider work of DCA. This includes photos, my name, age, videos, images and quotes from my project.
- ◯ I have included a photo of myself with my application and agree that Deaf Children Australia may use this for social media, publication and marketing materials to promote the Youth Grant program and wider work of DCA.

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: _____

SIGNATURE: _____ DATE: _____

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

PARENT/GUARDIAN NAME: _____

SIGNATURE: _____ DATE: _____