

Somerset Excellence Bursary Application Form

Under its Community Assistance Grants Policy, Council may decide to make a grant to individuals in order to encourage academic, cultural and sporting excellence.

Applications for assistance shall be in writing and provide details of the selection in a Regional, State or National team / group, the venue where the event / competition is to take place, details of the achievements leading up to the selection, and confirmation of their residence within the Somerset Region. Please note, the level of financial assistance to be granted is based on level of selection.

Applicant Details		
Date of application		
Name of competitor		
Full name of parent or guardian <i>(if applicant is under 18)</i>	Given name:	Surname:
Residential address	
Postal address	
Contact number	Phone:	Mobile:
Email address		

What is the event that you will be competing in or attending?	
Event name / title	
Date	
Venue	
Brief description of the event and your selection (Please attach a separate sheet if required)	
Please detail the applicant's achievements leading up to the selection	

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Chosen field		
Academic <input type="checkbox"/>	Cultural <input type="checkbox"/>	Sporting <input type="checkbox"/>
Selection Level (level of representation)		
Regional level	\$250	<input type="checkbox"/>
State level	\$500	<input type="checkbox"/>
National level	\$750	<input type="checkbox"/>
Selection for an event hosted internationally	\$1000	<input type="checkbox"/>
Team application (Regional, State or National)	Up to \$2,000 per team/group of 4 or more individuals.	<input type="checkbox"/>
Have you attached formal invitation from your organisation or association confirming your selection and level of representation?		<input type="checkbox"/>
Have you attached evidence of (applicant's) residence within the Somerset Region?		<input type="checkbox"/>

Certification		
<p>To be signed by the parent / guardian</p> <ul style="list-style-type: none"> I certify that to the best of my knowledge the statements made in this application are true and correct; I certify that I have read and understood the grants process as described in the Somerset Regional Council Community Grants Policy C001; I understand that if the Somerset Regional Council approves a grant, I will be required to accept the conditions of the grant in accordance with the Council's Community Grants Policy C001; I consent to the information contained within this application being disclosed to the Somerset Regional Council for the purpose of assessing, administering and monitoring the current and any future Council grant applications; I understand that if the Somerset Regional Council approves the grant, I will be bound by the contents of the application which will form part of the funding agreement with Council. 		
Contact person	Given name:	Surname:
Signature		Date

Please forward this form and supporting documents to:
<p>Chief Executive Officer Somerset Regional Council PO Box 117 ESK QLD 4312</p> <p>Or send to: mail@somerset.qld.gov.au</p> <p>For further information please phone Somerset Regional Council on (07) 5424 4000</p>