

“Assist Program” Application Form

Application Date: / /2019

Applications close for 2019 Round 2 Funding on Friday 27th September at 5.00pm

PERSONAL DETAILS (person applying for the funding)

First Name:	Last Name:	
Residential Address:		
Suburb:	Post Code:	
Postal Address: (if different to residential)		
Suburb:	Post Code:	
Home	Phone:	Mobile:
EMAIL:		

Grant Details (who is the grant is for?)

Please indicate who the funding is for: eg Myself, My Child, Team etc

Grant is for:

First Name:	Last Name:	
Residential Address:		
Suburb:	Post Code:	
D.O.B	Gender: MALE/FEMALE	
Are you from Aboriginal or Torres Strait Islander decent? YES/NO		
Are you an Athlete with a disability? YES/NO		
Are you from a Non-English speaking background? YES/NO		
What basketball club are you a member of?		
What School do you attend?		
Are you on any sort of Scholarship at school?		
What level of basketball is the club associated with? (district/social etc)		
How many years have you been playing basketball at that level?		

Funding Details

Briefly outline what the funding is for? (Fees, Travel, Equipment, Accommodation etc.)

Carnival or Event Details:

Location:	Date:
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Funding amount sought from the Free Throw Foundation \$

Have you applied for funding from any other foundation/source? **YES/NO** If yes, please provide the details:

Have you previously applied for funding from the Free Throw Foundation? **YES/NO**
If yes please provide details:

**Briefly outline why this funding is important to yourself or the person applying for this funding
What difference will it make? How will it ensure your continued involvement in basketball?**

Financially; (How will the funding effect your current financial situation)

Need Development; (how will this help your game?)

Personal Development; (how will this help you as a person?)

Other;

Additional Supporting Documents; (mandatory for application to be considered)

**To assess your application we require the following support letters and documents to be included.
Please confirm your provided documentation by circling the Y/N Section below;**

Support letters from Club/Association/School/Coach/President or Secretary:	Y/N
Detailed budget of Activity:	Y/N
Quote or copy of Invoice for Activity:	Y/N
Copy of the selection letter/documentation from the peak body running the event:	Y/N
Other (Please specify): Y/N	

Declaration and Signature

I understand and acknowledge that this application will be used to consider my request for funding, but does not guarantee that my application will be assessed or that I will be offered funding. I declare and confirm that all the information I have provided to the Free Throw Foundation in relation to this application is true and correct to the best of my knowledge. I give permission to the Free Throw Foundation to contact any relevant person or organisation in order to verify the information provided in this application. I understand that an approval made on the basis of untrue or incorrect information may be revoked.

Applicant Signature

Date:

Parent/Guardian Signature

Date:

How do I apply and submit the "Assist Program" application form?

Print, complete this form, then scan and email to: info@freethrowfoundation.com.au

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E-mail any enquiries regarding this application to info@freethrowfoundation.com.au