



# DREAM HOOPS FUNDING APPLICATION FORM

## 2019 Dream Hoops Funding Application Key Dates

Rd 2 Opens                      08/08/2019                      Round 2 Closes                      4/10/2019                      Recipients Advised from                      18/10/2019

### 1. Your Details: *The person who is completing this form*

First Name:		Surname:		Mobile:	
Address:			Suburb:		
Post Code:		Email Address:			

### 2. Applicant Details: *Who is the funding application for?*

<input type="checkbox"/> Myself	<input type="checkbox"/> My Child	<input type="checkbox"/> A child in my care	<input type="checkbox"/> A member of our association		
First Name:		Surname:		Gender:	
D.O.B		Email Address			
Are they/you from Aboriginal or Torres Strait Island decent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Are they/you a refugee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Are they/you from a non-English speaking background?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Are they/you an athlete with special needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
What basketball association are they a member of?					
Are they/you playing in a representative basketball competition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Are they/you a participant of the BNSW High-Performance program, e.g. DAP, TAP, SPP or NPP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

### *Character References: Another person besides yourself who knows the applicant?*

Person #1 Name		Person #1 Mobile Number	
Person #2 Name		Person #2 Mobile Number	

### 3. Funding Details:

Briefly outline what the funding is for? *E.g. Membership Fees, Game Fees or Travel etc.*

<i>If an event, please provide details of the event for example Australian Country Junior Basketball Cup...</i>	Event Name:	
Event Organiser:	Event Date (s):	
Event Location:	Event website:	
<i>If a program, please provide details of the event for example Talented Athlete Program (TAP)...</i>	Program Name:	
Program Organiser:	Program Date (s):	
Program Location:	Program website:	

How much funding are you applying for? \$

*Application continued on the next page*





Have you applied for funding from any other source, National, State, Local government or from another foundation?

If yes, please provide the details:

If you applied for Dream Hoops funding in round one please tick  Yes

To assist us with assessing this application, please provide us with a brief outline as to why this funding is important, what difference will it make and how it will assist with their continued involvement in basketball?

#### 4. Additional supporting information

A letter of support from your association:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A quote or copy of the costs that will be charged to participate in the event and or program:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you provide either a quote or copy of invoice for the activity:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### 5. Declaration

By signing this Dream Hoops Funding Application Form I declare that the information provided to be true and accurate to the best of my knowledge and that I give permission to the Dream Hoops Application assessors to contact any relevant person or organization in order to verify the information provided in this application.

Applicant Signature		Date:	
Parent/Guardian Signature (if the person completing this form is under the age of 18)		Date:	

#### 6. Submitting an application Form

Please complete this form in its entirety and email to: [dreamhoops@bnsw.com.au](mailto:dreamhoops@bnsw.com.au)

Any questions or enquiries regarding this application form are to be emailed to: [dreamhoops@bnsw.com.au](mailto:dreamhoops@bnsw.com.au)