Representative School Sport Assistance Fund Application Form

For Tier 1 and Tier 2 Funding

Student Information

Full Name: _____

Year Level: _____

Date of Birth: ____ / ____ / _____

Parent/Guardian Contact Details

Name: _____

Phone: _____ Email: _____

Event Information

Team Selected For:

☐ Metropolitan East (Tier 1) ☐ Queensland School Sport (Tier 2)

Sport: _____

Event Name: _____

Event Location: _____

Event Dates: ____ / ____ / _____ to ____ / ____ / _____

Cost to Attend

Cost Item	**Amount**
	$
	$
	$
	$
Total Cost to Attend	$

Travel Details

Mode of Travel:

☐ Car (Road distance ≥ 250km one-way)

☐ Air/Rail (Radial distance ≥ 250km one-way)

☐ Local (Within SEQ)

Supporting Documentation

Please attach the following:

☐ Official selection letter/email from regional/state coach or manager

☐ Proof of event details (e.g., information sheet, event program)

☐ Invoices, receipts or other evidence of eligible costs, as applicable for reimbursement

Declaration by Parent/Guardian

I confirm that the information provided is accurate and that my child is representing either Metropolitan East or Queensland School Sport in the event listed above. I understand that financial assistance may be provided as a reimbursement or school-paid contribution and that this support is in addition to any external funding for which I may be eligible.

Signature: _____

Date: ____ / ____ / _____

Submit this completed form plus accompanying documentation to the HOD HPE for verification and endorsement

HOD HPE Verification and Endorsement

Tier Eligibility

☐ Tier 1 ($250)

☐ Tier 2 ($500)

Eligibility and Documents Verified

☐ Current CDSHS enrolment

☐ Official Selection

☐ Event details

☐ EAP Submission (if applicable)

☐ Supporting cost documentation

HOD Endorsement

☐ Endorsed – Forwarded to P&C for consideration

☐ Not Endorsed – Reason: _____

Additional Comments:

_____

_____

HOD Name: _____

HOD Signature: _____

Date: ____ / ____ / _____

P&C Use Only

Funding Decision

☐ Approved

☐ Partially Approved

☐ Not Approved

Amount Approved: $_____

Date Considered: ____ / ____ / _____

Comments (if applicable):

_____