

THE LEONIE JACKSON MEMORIAL FUND

APPLICATION FORM

PERSONAL DETAILS

Applicant's name: _____

Are you applying as: [please tick]

An individual

An organisation

A community group

A school

Are you [please tick]:

Deaf

Hard of hearing

Hearing

Name of your organisation, community group or school [if applicable]:

State: _____

Post code: _____

CONTACT DETAILS

Email Address: _____

Mobile: _____

Phone number: _____

What is your preferred way for us to contact you: [please tick]

Video call

Video message

Email

Text message

Voice call

PROJECT INFORMATION

You can choose how to respond to questions. You can upload a video to a platform [i.e. YouTube, Vimeo] and provide the link below. You can also choose to write your response in text form.

Q1. What is your project?

[5-minute Auslan video or 500 words max]

Q2. How will your project support bilingual education for deaf children?

[3-minute Auslan video or 300 words max]

Q3. How does your project incorporate Leonie's favourite mantra, 'it takes a village to raise a child'?

[3-minute Auslan video or 300 words max]

Q4. How can your project be scaled up and/or replicated?

[3-minute Auslan video or 300 words max]

Q5. What is the timeline for your project/goal?

[3-minute Auslan video or 300 words max]

FUNDING

Allocation of requested funds

Please enter details of what you will use the funding for and how much each item will cost

Item Description	Cost
Total:	

Have you applied for funds from other sources for your project? If yes, please detail.

Item Description	Cost
Total:	

APPLICANT DECLARATION

1. I declare that to the best of my knowledge all the information in this application is true and correct.
2. I have included all the necessary documentation and satisfied all criteria required to properly evaluate my suitability for a grant as per the criteria available from Deaf Connect.
3. I agree to sign a Terms of Agreement document.

Sign: _____

Date: _____