School Welfare Donation 2026-27

* indicates a required field

Introduction

The Town of Victoria Park provides funding to support the welfare of students and families requiring assistance with educational fees, or items.

Donations for school welfare are limited to $200 per student with a maximum of two student applications per school, per financial year.

Before you commence your application, remember to:

- Contact a Town representative to discuss your project on 9311 8111 or admin@vicpark.wa.gov.au
- Check your eligibility for the funding opportunity in the Town's Community Funding Policy 114.
- Check out the free tips and resources for funding submissions on the Town's website here.

Confirmation of School Welfare Donation Eligibility

The applicant has read and understands the Town's school donations program guidelines and Community Funding Policy 114.

Eligibility

a. Is applying for students that reside in the Town of Victoria Park.

b. School is situated in the Town of Victoria Park

c. The school has identified a need to support the welfare of students and families requiring assistance with educational fees or items.

Ineligibility

Applicants will be ineligible for a donation if:

Unless otherwise stated in additional ineligibility criteria under each funding program, applicants will be ineligible where:a. The applicant has an outstanding debt to the Town;

b. The applicant has failed to submit a satisfactory acquittal for a previous Town funding program; or

c. The application is submitted retrospectively i.e. after a project, activity and/or program has already taken place.

d. Any party that does not comply with the operational Terms and Conditions of the funding program.

e. Any local, state, federal government agencies or political parties.

f. Any projects that promote or advance religious beliefs, including worship services, religious instruction, proselytising, or faith-based advocacy.

g. Elected Members, Town staff, the spouse or de-facto partner of an Elected Member or Town staff, anyone residing at the same address as an Elected Member or Town staff, or a relative of an Elected Member or Town staff.

Please select below: *
○ Yes ○ No
You must confirm that all statements above are true and correct.

Conflict of Interest

Are there any circumstances, arrangements or understandings which constitutes, or may reasonably by, perceived to constitute, an actual or potential conflict of interest with either the applicant's obligations to adhere to the Funding Agreement or which may unduly impact the application? If an Elected Member works for or resides on an applicant's Board of Management, or similar governing body, this must be declared as a conflict of interest.

New Question *
☐ Yes ☐ No

If yes, please provide sufficient details how the actual or perceived conflict of interest arises.

Organisation Details

* indicates a required field

Name *
○ Individual ○ Organisation
Organisation Name

Title | First Name | Last Name

Address *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Email *

Must be an email address.

Phone Number *

Must be an Australian phone number.

Website *

Must be a URL.

ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity Name	
ABN Status	
Entity Type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

Assessment Criteria

* indicates a required field

Criteria 1: Does the student/s reside in the Town of Victoria Park? *

Criteria 2: Has the identified need for the provision of educational and/or personal development items been discussed with the family? *

Inputs (Budget)

* indicates a required field

Total Amount Requested

$

What is the total financial support you are requesting in this application?

Please note:

Receipts for items purchased to support students must be attached in your acquittal.

Budget (GST exclusive)

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures this will ensure your figures for each table total correctly.

Input of income and expenditure will automatically update the total budget section.

Income = Funding in, Expenses = Funding Out.

Welfare Donation	Income Type	Income Amount ($)
		$
		$
		$
		$
Funds from the Town of Victoria Park		

Expenditure Description	Expenditure Type	Expenditure Amount ($)
		$
		$
		$
		$
Funds going out to students/ families		

Budget Totals

Total Income Amount *
$
This number/amount is calculated.

Total Expenditure Amount *
$
This number/amount is calculated.

Income - Expenditure *
This number/amount is calculated.

Grant payment details

Please provide bank account details for payment of the grant funds.

Bank Account
Account Name

BSB Number | Account Number

Must be a valid Australian bank account format.

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree * ○ Yes ○ No

Name of authorised person * Title | First Name | Last Name
Must be a senior staff member, board member or appropriately authorised volunteer

Position *
Position held in applicant organisation (e.g. Principal, Deputy Principal)

Phone number *
Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.

Please indicate how you found the online application process: *

○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60