**APPLICATION FORM: Sue Salthouse Leadership Fund 2025 Scholarship Grant Round**

This is the application form for the Sue Salthouse Leadership Fund 2025 Scholarship Grant Round.

To be eligible to apply, you must live in the ACT and identify as a person with disability.

**Funding Available:** For 2025, there is $12,000 available to be awarded and shared among all successful applicants (please do not request the full amount, so that more people have the chance to receive funding).

**Important Dates:** Please apply between August 4 – September 5. You will be provided feedback and the outcome of your application one month after the closing date of the grant round.

**Criteria:** Applications will be reviewed by the Sue Salthouse Leadership Fund advisory group, on a competitive basis, using the following criteria:

Is the project helping build leadership skills and experience for people who are still growing in their leadership journey

Does the project use a human rights approach, respecting the rights and dignity of people with disability?

How easy or hard will it be to deliver your project? Can the project be done?

What will it cost and is it a fair amount for the fund to pay. Remember, there is $12,000 total for all the grants. So, the money you ask for should be only part of that, so more people can get a grant.

Show how well the project could work. Will there be clear signs to show the project has succeeded?

How will this be good for you and the Canberra community

Project does what the fund is trying to do to support people with disability to reach their goals

**Guidelines:** Have you had a look at our guidelines?  Please see them here: <https://handsacrosscanberra.org.au/grants/sue-salthouse-leadership-fund-scholarship-grant-round-2025/>

**Acquittal/project completion report:** **After you complete your project,** we’d love to hear about your experience.  Please be prepared to share a short summary of what you did, your key highlights, and what you learned. We also encourage recipients to share photos and stories that show the impact of your scholarship.

**SUPPORT:** This form is NOT the only way to apply. Should you wish to apply via VIDEO, EMAIL or PHONE, please reach out to [julia@handsacrosscanberra.org.au](mailto:julia@handsacrosscanberra.org.au) or contact Carla Millner from Advocacy for Inclusion at info@advocacyforinclusion.org who can provide guidance on your application.

We are here to help you and provide you with the support you might need.

**BEST OF LUCK.**

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### **Application**

\* Denotes compulsory fields

### Section 1: Details of the applicant.

Full name\*: [free text field]

What is your postcode\*: [free text field]

What is the best way to contact you (please include email and/or phone number):\* [free text field]

I identify as a person with disability\* [single selection]

* Yes
* No

Please share your pronouns\* [multi selection]

* Do not wish to disclose
* They / Them
* She / Her
* He / Him
* Other: \_\_\_\_\_\_\_\_\_

Do you identify as a person of Aboriginal or Torres Strait Islander origin? [multi selection]

* Do not wish to disclose
* Aboriginal person
* Torres Strait Islander person
* Non-indigenous person
* If you wish to disclose your language group please do so here [text box]

Do you identify as a person from a culturally and/or linguistically diverse background? [single selection]

* Do not wish to disclose
* Yes – I am a person from a culturally and / or linguistically diverse background
* No - I am not a person from a culturally and / or linguistically diverse background

### Section 2: Details of the project

What are you applying for funding for?\* [free text field]

Why do you want to do this project?\* How does your project provide Leadership in the Disability Community? [free text field]

How will you do this project?\* [free text field]

*Breakdown your project into smaller parts (milestones)*

Who is involved in the delivery of your project?\* [free text field]

*Will anyone help you complete your project?*

How much money does this project require?\* [free text field]

*This is funding for one year only. Applicants can reapply in future years.*

What’s the benefit of this project to the community?\* [free text field]

How would you like to report back to the SSLF after 1 year?\* [free text field]

### Section 3: Any other information

Any other information you’d like to share: [free text field]