Support for Sport

Date:

Your Reference:

Individual grants application form

Section A		
Name of athlete:		
Sport representing:		
Home address:		
City/Town:		
Post Code:		
Contact Number: (Home) (Mobile)		
Email address:		
Club:		
Section B		
Governing Body:		
Name of Governing Body Secretary:		
Address of Governing Body Secretary:		
City/Town:		
Post Code:		
Contact Number: (Daytime) (Mobile)		
Email address:		
Governing Body representative completing the form if different from above:		
Section C - Athlete Information		
At what age group is the applicant competing at?		
- Junior		
- Youth		
- Intermediate		
- Senior		
- Other if other please specify		

Does the athlete compete as an individual or part of a team?		
- Individual		
- Team		
- Both		
Please explain your answer		
What age is the athlete	e competing at?	
- Regional		
- Provincial		
- National		
- International		
Please give details of th	ne current ranking (if applicable) and provide information of the athlete's	
involvement on representative squads, including dates.		
E.g. GB High Performan	nce, Olympic Panel. Evidence required?	
If successful, what wil	Il the funding be used for?	
- Training expenses		
- Competition costs		
Please give a breakdown of anticipated costs		



Funding of individuals through Support for Sport carries certain responsibilities. Athletes will be required to update a blog on regular bases, be available for meet and greets for young aspiring athletes and for promotional events. While we recognise that the athlete will have training and competitive commitments they will be expected to attend at least x events over the course of the year as part of the agreement to obtain funding.

Please indicate below if the athlete will be willing to participate in the activities:		
- Training and progress blog		
- Meet and Greets		
- Promotional Events		
- i Tomotional Events		
Any further information you feel may be relevant		
I herby certify that the information provided is true and accurate. I understand that providing incomplete, inaccurate or false statements may result in the grant application being withdrawn. I have		
read and understand the terms and conditions of the grant as outlined by the Belfast City Council and		
will endeavour to meet the requirements set.		
Coverning Rady Depresentative Names		
Governing Body Representative Name:		
Signature:		
Date:		
Athlete Name/Career if U18:		
Signature:		
Date:		
Please return completed application form to:		
Claire Moraghan		
Support for Sport		
Adelaide Exchange,		
22-24 Adelaide Street		
Belfast BT2 8DG		





