



APPLICATION FOR FUNDING
Please Note All Applicants Must Reside In The Scottish Borders

Please read the separate Guidance Notes before completing this application form

PLEASE ANSWER EACH QUESTION IN THE PACE PROVIDED – DO NOT WRITE “SEE ATTACHED”

1 - PERSONAL DETAILS

Applicant’s name:	Name of school attended:
Applicant’s address:	Contact name and address of the sports club/group/school of which are you are a member:
Postcode:	Governing body/school:
Telephone no:	Main sport:
Email address:	Present standard (please tick) School <input type="checkbox"/> Club <input type="checkbox"/>
Date of Birth:	Selected to represent Regional <input type="checkbox"/>
Age:	Selected to represent Scotland <input type="checkbox"/> Selected to represent Team GB <input type="checkbox"/>

Should your application be successful, you will be required to wear the Trust’s branded clothing, when possible. In this respect, please complete

Chest size required: inches OR cms

2 - GENERAL DETAILS

2.1 Sport in respect of which application is made:

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2.2 Performance in the last two years. Please provide details of event(s) and placing(s): (where applicable)

Event	Placing

3 - Tell us of any grants you have received from other organisations to help with your sporting career:

(Include sports council grants, lottery grants, awards from other trusts etc)

Date	Grant scheme	Project title	Amount received

4 - Tell us specifically what you require a grant for and the expected difference this will make to your sporting performance.

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5 - Event/course/season start date

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6 - Tell us how much money you require

What is the total cost of your season?	£
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How much to you require from the Rowan Boland Memorial Trust	£
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Give us a breakdown of your **total** costs

Items of expenditure	£

Car mileage	Venue	Millage
Total:		

7 - This session MUST be completed by an authorised representative of the National Governing Body of the sport concerned, or a teacher from your school.

I certify that (name of athlete) is of the standard stated and has given evidence of potential and commitment and that the details given are correct. I understand that, if for any reason, the applicant does not fulfil the specified programme then the grant may be retained by the Trust. All applicants successfully being awarded a Grant will be required to submit receipts/evidence confirming their attendance at the event(s) or competitions(s).

I further certify that I understand the conditions of the grant and accept the responsibility inherent in endorsing this application.

Signed:

Designation:

Address:
.....
.....

Email address:

Date:

8 - DECLARATION

I wish to apply for a Grant from the Rowan Boland Memorial Trust. I certify that, to the best of my knowledge, the forgoing is correct and I agree to abide by the stipulated requirements of the Trustees. I will co-operate with the monitoring and public relations work associated with my Grant made. I agree to comply with the terms and conditions of the Award Scheme.

Signed: Date:

Important

Your application can only be considered if all the questions on this form are completed and the appropriate people have signed the form.

Incomplete forms will not be considered – please ensure you have provided all the information requested.

Please return all completed application forms to the address below.

**Rowan Boland Memorial Trust
8 Balmoral Terrace
Galashiels
TD1 1JQ**