

Martin Sheridan Bursary



Application Form (4 copies must be submitted)

Personal Details of Nominee

| 1 CI SOHAI D'Ctalls Of I (OHII) | | | | | |
|---|----------------|--------------------|--|--|--|
| Please tick one box: | Male Athlete | Female Athlete | | | |
| Name: | Date of Birth: | | | | |
| Home Address: | | | | | |
| | | | | | |
| | | | | | |
| Phone Number (home) | Mobile: | Email: | | | |
| Secondary School Attended: | | | | | |
| Your Sport: | | | | | |
| Current Status: (please tick) Er | nployed | Student Unemployed | | | |
| If employed state the Name, Address and Telephone number of present employer: | | | | | |
| | | | | | |
| Job Title: | | | | | |
| If Student state Name, Address, Telephone Number of College/Institute: | | | | | |
| | | | | | |
| Course title and year attending: | | | | | |
| If Unemployed state details of previous employment or courses attended: | | | | | |
| | | | | | |
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| Your Club or Organisation | | _ |
|---|------------|-----------|
| Name of Club Secretary: | | |
| Address of Club or Organisation: | | |
| | | |
| Home Telephone Number: Mobile Numbe | r: | |
| Email Address: | | |
| History of Applicant | | |
| Please give a short history, including dates of nominees involvement in spo | ort: | |
| | | |
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| | | |
| | | |
| Is nominee a member of a training panel?. (If yes, please state) | | |
| Has nominee represented their sport at National and International Level? | | |
| | | |
| Competitions participated in: | | |
| | | |
| | | |
| Personal bests or records broken: | | |
| | | |
| | | |
| Breakdown of Bursary Grant Required i.e. Training, Equipment etc | Travel, Ed | lucation, |
| | | |
| | | |
| | | |
| | Total | |

| Grant Aid Applied for/or received from oth | er Source | es | | |
|--|------------|----------------|-------|--|
| Source i.e. Sponsorship Governing Body etc. | | Amount (€) | Date | |
| Governing Body etc. | | 7 mount (c) | Bute | |
| | | | | |
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| Additional Information which may support cuttings (letters may be attached) | t your app | olication e.g. | press | |
| | | | | |
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| Additional Qualifications which may support your application e.g. Code of Ethics, First Aid etc. | | | | |
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| | | | | |
| I certify that the above information is correct. | | | | |
| Signed: (nominee) | D | oate: | | |
| Signed on behalf of club or organisation: | | | | |
| Appointment/Position: | _Date: | | | |

Please do not enclose any original documentation with your application, copies only as all submissions will be destroyed after selection process has taken place.

All Applications to be returned by 5pm on Friday 20th March 2019 to: The Sheridan Memorial Bursary Committee, Bohola, Claremorris, County Mayo.