AMBLESIDE SPORTS ASSOCIATION

MAINTAINING LAKELAND TRADITIONS



Application for a Sports Bursary (Club)

- To be completed by the Chairman or Secretary of the Club or Society.
- Please fill in on a separate sheet of paper, a simple statement of why the Association should grant this application, and the benefits that the members of the Club will derive from it. Not more than one side of A4 paper is needed.
- If this is an 'emergency application', you MUST fill in the section which covers this and use an additional sheet of paper if required to complete this.

 Please complete and re 	turn to Marjorie Blackb	urn, Holm Ban	ık, Fernleigh Road, Gran	ge-Over-Sands LA1	1 7HT	
Full name of Club			<u> </u>	<u> </u>	Founded (date)	
Nature of Club/Sport					Number of Members	
Full Names of Officers:	Chairman			Date of appoin	Date of appointment	
Date of appointment	Secretary			Date of appointment Date of appointment		
	Treasurer					
Contact and address	Name of normal contact for this application					
	House number/Street					
	Town				Post Code	
	E-mail address			Phone number	1	
Web Details	Website: WWW.					
	Age range Normal Meeting Place					
Tell us about your membership and activities.	Frequency of Meetings					
Please continue on a separate sheet of paper if required.	No of Teams/participa	Male/female/both				
	Competitions entered in last two years and successes					
If outside Lakes Parish state when your members have participated in Ambleside Sports if applicable.	(1) Year	event and res	sult			
Note that we do have records.	(2)) Year	event and res	sult			
What is this application for?					Approximate value including any VAT and delivery charges	
					£	

If for equipment say what and for how long it might last you.						
If for travel list all events which will be attended you will go. If for entry fees state events will be entered						
Please continue on separate sheet.						
What contribution is the Club making from its own resources to the costs of the above?	How is this collected e.g.: Subscriptions/coffee mornings etc.	How Much?				
Have you applied to anyone else for funding or is anyone else also contributing?	Who?	How much?				
If applying to someone else, when will that body determine your application and do you need both to achieve the purpose of this bid?						
NET VALUE OF Application	i.e. Total cost less own contribution and other grants etc		£			
	Mr/Mrs/Ms/Dr					
Names/addresses of any referees/supporters (1)	House number/Street					
	Town	Post Code				
	E-mail address	Phone number				
	Mr/Mrs/Ms/Dr	<u> </u>				
Names/addresses of referees/supporters (2)	House number/Street					
	Town	Post Code				
	E-mail address	Phone number				
Emergency Application						
Tell us why this is an 'Emergency Application' and why you did not apply at the correct time. NB, Having only just found out about this scheme does not constitute an emergency for these purposes.						
Signatures of Applicant:						

In submitting this application you are confirming that you have read and understood the terms of the Scheme. In signing this application you are personally confirming that you too have read and understood the terms of the scheme and that that everything in this application is truthful. You are also confirming that you personally accept all legal responsibility for it.

Signature of Chairman	Print name	Date
Signature of Secretary		

Please attach your most recent annual accounts.

If an award is made, funds will not be released to individuals and must be paid into your bank account.