

AMBLESIDE SPORTS ASSOCIATION

MAINTAINING LAKELAND TRADITIONS



Application for a Sports Scholarship Award (Individual)

- To be completed by the applicant personally not on his or her behalf.
- Please fill in on a separate sheet of paper, a simple statement of why the Association should grant this application, the benefits you will get or ambitions fulfilled etc. 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 return to Marjorie Blackburn, Field Garth, Rydal Road, Ambleside, LA22 9PL

Full name of Applicant	First name		Middle name	Surname
	Date of Birth	Age	Name of Parent/Guardian	Relationship
Home Address/Contact details	House number/Street			
	Town		Post Code	
	E-mail address		Phone number	
School/College attended	Name		Town	
	Headmaster/Head Mistress/Principal.			
	Address		Post Code	
	E-mail address		Phone number	
If you live outside Lakes Parish state when you have participated in Ambleside Sports. <i>Note that we do have records.</i>	(1) Year	event and result		
	(2) Year	event and result		
Sport in which you intend to participate?				
How long have you been involved in this? If new state 'new'				
List those events in which you have participated and any results				
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 to which you will go. If for entry fees state events				

which you will attend		
Are you proposing to make any contribution to the costs of the above?	How Much? £	How are you getting this? – e.g.: paper round, gifts, parents
NET VALUE OF Application	£	←
How will this grant make it possible for you to participate in your chosen activity which would not otherwise be the case?		
Names/addresses of any referees/supporters (1)	Mr/Mrs/Ms/Dr	
	House number/Street	
	Town	Post Code
	E-mail address	Phone number
Names/addresses of referees/supporters (2)	Mr/Mrs/Ms/Dr	
	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 the scheme does not constitute an emergency for these purposes.		

Signature of Applicant:

In submitting this application you are confirming that you have read and understood the terms of the Scheme and that you accept them and that everything in this application is truthful.

Signature	Print name	Date

Counter signature of Parent or Guardian for those aged sixteen or under at the time of award:

In countersigning this application you are 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	Print name	Date