**WOKING ATHLETIC CLUB GRANT SCHEME - APPLICATION FORM**

**DATE……………………………**   **AMOUNT REQUESTED £………..**

NAME…………………………………………………………. DOB………………………………..

PARENT/GUARDIAN CONTACT DETAILS

 MOBILE……………………………….

 E-MAIL…………………………………

NAME OF SCHOOL, COLLEGE, UNIVERSITY - if applicable

…………………………………………………………………………….

NAME OF LEAD COACH……………………………………………….

EVENT(S) and GRADES…………………………………………………………………………………….

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Tell us why you want this grant and what it will be used for……………………………………………

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Please list here details of any other support you are receiving, either financial (e.g grants from other sources) or otherwise (e.g. sponsored gear, physiotherapy, sports massage etc)

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**ATHLETE DECLARATION**

I fully understand that any grant given to me by WAC will be used solely for the benefit of my athletic career and monies received will only be spent on such as training/competition gear, physiotherapy, related travel etc. I also fully understand and accept that should I, for whatever reason, no longer be a member of WAC at any time within 12 months from the receipt of a grant, then I must refund to the club the entire amount of said grant.

Signed………………………………………. Date………………………..

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**Supporting comments to be completed by Athletes Lead Coach**

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Have all qualifying criteria been met…YES/NO: **COACH SIGNATURE**………………………………

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**COMMITTEE DECISION ……………………………………………………………………………………**

**……………………………………………………………………………………DATE………………………**