|  |  |
| --- | --- |
| Logo, company name  Description generated with very high confidence | Carlow Sports Ambassador  Elite Athlete Support Bursary  Carlow County Council in collaboration with Carlow Local Sports Partnership |

# Application Form

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  |  |  | Date: |  |
|  |  |  | . |  |  |

|  |  |  |
| --- | --- | --- |
| Sport: |  |  |
|  |  |  |

## Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Age & DOB: |  | Email: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |  | Mobile Phone: |  |

|  |  |
| --- | --- |
| Home Address: |  |

|  |  |
| --- | --- |
| Term/College Address: |  |

|  |
| --- |
| **Please indicate where you would like your mail sent:** |

|  |  |
| --- | --- |
| Home/College: |  |

## Sport Details & Support Programme Requirements

**Please list your three highest sporting achievements:**

|  |  |  |  |
| --- | --- | --- | --- |
| Description: |  | Year: |  |
| Event: |  | Placing: |  |
|  |  |  |  |
| Description: |  | Year: |  |
| Event: |  | Placing: |  |
|  |  |  |  |
| Description: |  | Year: |  |
| Event: |  | Placing: |  |

**Please give a brief insight into your current training schedule:**

**Have you previously received support from Carlow County Council in relation to elite sports performance?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes/No: |  | Year/Amount: |  |

**With your commitments, are you in a position to meet the conditions attached to the bursary:**

|  |  |
| --- | --- |
| Y/N: |  |

* attend at least 4 County Council / Carlow LSP events during the year 2020

|  |  |
| --- | --- |
| Y/N: |  |

* use profile and image to promote sports participation in the County as an ‘Ambassador’ for participation in sport throughout the year 2020.

|  |  |
| --- | --- |
| Y/N: |  |

* update committee on progress periodically throughout the year 2020

## Academic Details

Name of Institution you are intending to or currently attending (school/college):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Location: |  | Student No./ID: |  | |
| Course: |  |  | |
|  |  |  |  | |

## Personal Biography

**Carlow County Council in collaboration with Carlow Local Sports Partnership collate a profile piece for the successful applicant outlining the information below and including NGB info.**

**Academic goals:**

**Sporting achievements:**

**Sporting goals:**

**Sponsors (if any):**

## Personal Statement

**Please outline below:**

**(a) Why this type of support would benefit you, including a breakdown of proposed expenditure**

**(b) The type of commitment you are willing to give to act as an ambassador for Carlow County Council and Carlow Local Sports Partnership.**

**(c) Any examples of instances where you have taken an active role in your community (within your sports club, school, volunteering, etc.)**

**(d) Any grants you are currently in receipt of.**

**(e) Any additional information that you believe makes you the ideal candidate for this role.**

**(a)**

**(b)**

**(c)**

**(d)**

**(e)**

## Athlete Declaration

**I declare, consent and agree that:**

1. I have received, read and understand the contents of this Carlow County Council and Carlow Local Sports Partnership Athlete Support Bursary Application Form.
2. I consent & agree to comply with the provisions of the Athlete Support Bursary.
3. To the best of my knowledge and beliefthe foregoing particulars as completed in this application form are true and accurate.
4. I confirm that I am currently resident in County Carlow.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**N.B. If the applicant is under 18 years on or before the 1st September 2022, a parent or guardian must countersign the application form:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**WE ARE ACCEPTING EMAIL APPLICATIONS ONLY. YOU MUST SUBMIT A DIGITAL COPY OF THIS DECLARATION ALONG WITH A SIGNED COPY OF THE TERMS & CONDITIONS VIA EMAIL:**

deborahfoley@carlowcoco,ie

**REQUIRED ADDITIONAL DOCUMENTATION MAY BE SCANNED AND EMAILED OR ATTACHED AS A PHOTO.**

**CLOSING DATE FOR APPLICATIONS IS FRIDAY 21st October 2022**

**NO LATE OR INCOMPLETE APPLICATIONS WILL BE ACCEPTED. APPLICATIONS WILL BE ASSESSED BY A SUB-COMMITTEE OF CARLOW COUNTY COUNCIL. THE DECISION OF THE EVALUATION COMMITTEE IS FINAL.**