



## WAIRARAPA SPORTS EDUCATION TRUST

### GENERAL GRANT APPLICATION FORM

Applicant Full Name	D.O.B (If for individual)
	Gender (If for individual)
Address	Ph
	Club and/or school
Email	Sporting Code
Event/purpose you are applying for assistance (ie dates, location etc).	
How will attending this event advance your sporting career or that of the participants?	
Type of financial assistance sought and itemised costs (i.e. coaching, travel costs, event/competition fees etc.).	
If applying for funding for a programme, please itemise cost to individual participants	
Provide some background to your involvement and if applicable, level of achievement in your sport	

If an **individual**, give an outline of your programme for next 12-24 months, including your ultimate goal.

If an **organisation or coach**, give an outline of what this programme/coaching etc. is hoping to achieve.

What is the **benefit** to the community? Or what can you put back into the community?

Is there a deadline in regard to raising funds to confirm your place/participation at the event/trip?  
 Yes/No If yes, date: \_\_\_\_\_

Have you applied for/or been granted funds from any other source for this purpose? Yes/No  
 If yes, please provide details:

Please provide the name of a High performance, Regional or National selector/coach/administrator that we can discuss this application with:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact: \_\_\_\_\_

\* Use separate sheets if necessary

Proudly supported by



I/we agree that **if** my/our application is successful:

- The WSET may publish my name/my organisation's photograph on their website, facebook page or in correspondence relating to their grants;
- I/we will provide an update to the WSET on my progress at or after the event;
- I/we will forward proof of expenses relating to the grant to the WSET;
- I/we will only use the funding provided for the specific purpose I have applied for and if for any reason I am unable to compete at; attend or participate in the event, I agree to return the funds to the WSET.

**Please attach any other information that supports your application including a digital photograph (1mb+) of you or your organisation participating in your chosen sport.**

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I/we have read and understood the conditions of this application and declare that all information on this form and any attachments are correct.

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\*Guardian or parent to sign if applicant is under 18 years of age.

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\*Guardian or parent to sign if applicant is under 18 years of age.

Please return this completed application form together with supporting documentation to:

**The Secretary, Wairarapa Sports Education Trust, PO Box 562, Masterton 5840**

email: [wai.sportsed.trust@gmail.com](mailto:wai.sportsed.trust@gmail.com)

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**For office use only:**

Application received		To grants committee	
References checked	Date	References checked by	
Panel recommendation	Approved / Not Approved	Applicant notified	
Notes			