



WAIRARAPA SPORTS EDUCATION TRUST

PERFORMANCE GRANT APPLICATION FORM

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

Give an outline of your programme for next 12-24 months.

What is your ultimate goal for your sporting career?

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 that we can discuss your performance with:

Name: _____

Title: _____

Contact: _____

* Use separate sheets if necessary

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I agree that **if** my application is successful:

- The WSET may publish my name/photograph on their website, Facebook page or in correspondence relating to their grants;
- I will provide an update to the WSET on my progress at or after the event;
- I will forward proof of expenses relating to the grant to the WSET;
- I 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 in your chosen sport.

I 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.

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

For office use only:

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