



**Martin Sheridan  
Bursary**



# Application Form

(4 copies must be submitted)

## Personal Details of Nominee

Please tick one box:		
Male Athlete	<input type="checkbox"/>	Female Athlete <input type="checkbox"/>
Name:		Date of Birth:
Home Address:		
Phone Number (home)	Mobile:	Email:
Secondary School Attended:		
Your Sport:		
Current Status: (please tick )	Employed	Student      Unemployed
If employed state the Name, Address and Telephone number of present employer:		
Job Title:		
If Student state Name, Address, Telephone Number of College/Institute:		
Course title and year attending:		
If Unemployed state details of previous employment or courses attended:		



## Grant Aid Applied for/or received from other Sources

Source i.e. Sponsorship Governing Body etc.	Amount (€)	Date

## Additional Information which may support your application e.g. press cuttings (letters may be attached)


## Additional Qualifications which may support your application e.g. Code of Ethics, First Aid etc.


I certify that the above information is correct.

Signed: (nominee) \_\_\_\_\_ Date: \_\_\_\_\_

Signed on behalf of club or organisation: \_\_\_\_\_

Appointment/Position: \_\_\_\_\_ Date: \_\_\_\_\_

**Please do not enclose any original documentation with your application, copies only as all submissions will be destroyed after selection process has taken place.**

*All Applications to be returned by 5pm on Friday 20<sup>th</sup> March 2019 to:  
The Sheridan Memorial Bursary Committee, Bohola, Claremorris, County Mayo.*