

## Martin Sheridan Bursary



## Application Form (4 copies must be submitted)

## Dorganal Datails of Naminaa

Personal Details of Not	IIIIICC			
Please tick one box:	Male Athlete	Female Athlete		
Name:	Date of Birth:			
Home Address:				
Phone Number (home)	Mobile:		Email:	
Secondary School Attended:				
Your Sport:				
Current Status: (please tick )	Employed	Student Une	employed	
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:				

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Grant Aid Applied for/or received from other Sources						
Source i.e. Sponsorship		A + (C)	Dete			
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	rt your aj	pplication e	.g. Code of			
Ethics, First Aid etc.						
I certify that the above information is correct.						
Signed: (nominee)	D	ate:				
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 16<sup>th</sup> April 2021 to: The Sheridan Memorial Bursary Committee, Bohola, Claremorris, County Mayo.