**NOMINATED BY**

|  |  |
| --- | --- |
| Name: |  |
| Position in organisation |  |
| Contact Email: |  |
|  |  |

**BURSARY RECIPIENT**

|  |  |
| --- | --- |
| Name: |  |
| Age: |  |
| Gender |  |
| Address inc. Postcode: |  |
| Sport Played: |  |
| Club/ School: |  |
|  |
| What will the bursary be used for? |  |
|  |
| How will this support the Bursary Recipient? |  |
|  |
| Bursary Recipient achievements and aspirations |  |
|  |
| Additional supporting information (optional): |  |

If a grant is approved, please keep Sport Milton Keynes up to date with how the grant has helped support the bursary recipient.

To help Sport Milton Keynes consider this application, please complete this form clearly so that it is easily understood by the Grants Panel. The Panel meets on the first Monday of the month and your application will be reviewed at the next meeting.

Please return form bythe 17th of the monthto: grants@sportmk.co.uk

**THANK YOU AND WE WISH YOU CONTINUED SUCCESS!**

**Payments are made via BACS, please ONLY provide CLUB/ SCHOOL account details below:**

|  |  |
| --- | --- |
| Account Name: |  |
|  |
| Sort Code: |  |
|  |
| Account Number: |  |

If preferred bank details can be sent separately to: treasurer@sportmk.co.uk