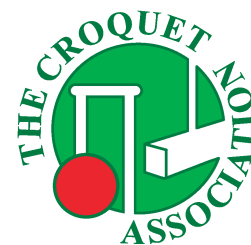


The Croquet Association Bursary Scheme

Application Form

The Croquet Association Bursary Scheme

Application Form



Notes to applicants

Please ensure that you have read the terms and conditions of this bursary scheme and that your application is compliant.

When you have completed Section 1 (and, if necessary, your parent or guardian has signed Section 2), please send your application form to the CA Office by letter post (or by e-mail in the case of applicants who are aged 18 or older and do not need signed consent).

Section 1 (to be completed by the applicant)

<i>FAMILY NAME</i>	<i>GIVEN NAMES</i>
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<i>DATE OF COMPLETION OF FORM</i>	<i>FOR APPLICANTS UNDER 18 YEARS OF AGE (AT DATE OF COMPLETION OF FORM)</i>	<i>AGE</i>	<i>DATE OF BIRTH</i>
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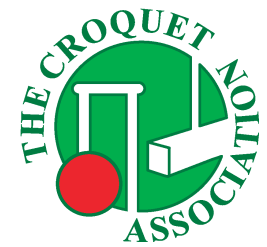
<i>ADDRESS</i>	<i>POSTCODE</i>
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<i>TELEPHONE (DAYTIME)</i>	<i>TELEPHONE (EVENING)</i>	<i>E-MAIL ADDRESS</i>
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<i>DATE OF FIRST JOINING CA</i>	<i>GRADE OF CA MEMBERSHIP</i>	<i>AC HANDICAP</i>	<i>GC HANDICAP</i>
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<i>EVENT FOR WHICH BURSARY REQUIRED</i>

<i>BRIEF PERSONAL CROQUET HISTORY</i>



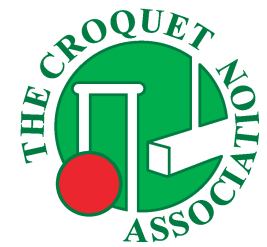
DETAILS OF TOTAL PERSONAL EXPENDITURE FOR EVENT

Travel _____
Accommodation _____
Tournament fees _____
Other (please specify) _____

DETAILS OF PROPOSED SOURCES OF FUNDING FOR THIS EXPENDITURE (INCLUDING OTHER GRANTS OR BURSARIES)

PREVIOUS GRANTS OR BURSARIES YOU HAVE RECEIVED TO SUPPORT YOUR CROQUET

PERSONAL STATEMENT ON WHY YOU SHOULD RECEIVE A BURSARY



PERSONAL STATEMENT ON WHY YOU SHOULD RECEIVE A BURSARY (CONTINUED)

By signing (or submitting by e-mail¹) this document, I accept the terms and conditions of this bursary scheme.

SIGNATURE OF APPLICANT

DATE

Section 2 (to be completed by parent or guardian of any applicant under 18)

I have given permission for the applicant to submit this form and accept the terms and conditions of this bursary scheme.

NAME OF ADULT

RELATIONSHIP TO APPLICANT

Parent / Guardian ²

SIGNATURE OF ADULT

DATE

Please ensure you have completed all the relevant details of Sections 1 and 2, enclose a photograph of you engaged in playing croquet and, if you are under 18 years of age, a photocopy of your birth certificate or photograph page of your passport.

Please return the completed form to the Croquet Association office (address at foot of page).

The CA Office will acknowledge receipt of the completed application form.

¹ You may send the form by e-mail if the applicant is 18 years of age or older.

² Please delete as applicable.