



Chadburn House  
Weighbridge Road  
Littleworth  
Mansfield, Notts.. NG18 1AH

Telephone: 01623 707017

Email: enquiries@armchairclub.org

## Armchair Club Grant Application

Including the Armchair Club Sports Foundation

This form should be completed by the person proposing this Armchair Club Grant Application on behalf of the sportsperson or sports club requesting financial support. It must be personally signed by the application proposer and include the contact details of at least one independent official, coach or mentor who is relevant and happy to be contacted by the Armchair Club to endorse this application. Grants approved by the Armchair Club would normally be in the range of £250 to £1,000.

**Please complete this form in black ink**

### The Applicant for the Armchair Club Grant

Name of Sports Person or Club the grant is being requested for:

.....

Their Home or Location Address:

.....

Their Main Sport Played:

.....

### The Proposer

Grant Proposer Name: .....

Contact Telephone No: .....

Email: .....

Relationship to the Applicant: .....

Your contact person at the Armchair Club: .....

If the application is on behalf of a club, is it a Registered Charity? Y/N

If Registered Charity, the Charity Number: .....

## About the Sportsperson or Sports Club (the Applicant)

If an individual, their age

If a club, the year the organisation was established

**Describe the sporting context as to why the grant is being requested**

**Describe how the applicant (or support team) might benefit following receipt of the grant**

**What is the approximate expenditure the applicant will incur over the next 12 months?**

(A separate breakdown of expenditure attached to this application would be helpful, but not essential.)

**How much are you seeking from the Armchair Club with this application?**

### **Sporting Reference(s)**

The following person(s) have indicated that they are happy to be contacted by the Armchair Club to independently verify the sporting achievements & potential of the applicant. Please note that this person(s) are not expected to know why the financial need is required, nor will the Armchair Club discuss the applicants financial position with them. Their involvement is merely to endorse the integrity of the sporting case and abilities presented on behalf of the applicant.

**Referee name & role** .....

Referee - Preferred contact number and/or email address .....

.....

**Referee name & role** .....

Referee - Preferred contact number and/or email address .....

.....

### **Declaration**

I confirm that I am authorised to sign this grant application on behalf of the applicant and that all the information given is accurate, to the best of my knowledge.

I accept that for whatever reason the Armchair Club may decline this application, without explanation. However, if the application is successful, I accept that the funds can only be spent in accordance with supporting the applicants legitimate sporting activities and that any deviation may result in repayment of the grant in full.

If the application is successful I consent to the Armchair Club using photographs of the applicant on the club's printed and electronic promotional platforms (Website/Facebook etc).

**Signed by:** .....

**Name (Proposer):** ..... **Date:** .....

**Please feel free to attach to this application any existing printed or electronic material that you feel may help the Armchair Club to reach a positive decision for the applicant.**