|  |  |
| --- | --- |
| DATE OF APPLICATION: |  |

|  |  |
| --- | --- |
| Organisation |  |
| Contact at Organisation |  |
| Contact Email |  |
| Contact Tel Number |  |

**COURSE ATTENDEE INFORMATION**

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Age: |  | |
| Gender: |  | |
| Address inc Postcode: |  | |
| Club coached at: |  | |
| Volunteer or paid coach: |  | |
| Hours per week coaching | |  |
| Additional supporting information |  | |

**COURSE INFORMATION**

|  |  |
| --- | --- |
| Course/ qualification: |  |
| Course provider: |  |
| Date of course: |  |
| Cost of course: |  |
|  | |
| Why do you need this qualification and how will help you and your club? |  |

If a grant is approved, please keep Sport Milton Keynes up to date with how the grant has helped support the coach’s development.

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 to: [coaching-grant@sportmk.co.uk](mailto:coaching-grant@sportmk.co.uk)

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

**Payments are made via BACS, please ONLY provide Organisation details below:**

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

Please note decisions of the committee are final and parties waive any right to appeal. Funds are limited and there is no guarantee all applications will be successful.

April 2025