**North Bucks Netball Academy Subsidy Application Form**

North Bucks Netball Academy will provide subsidies to help develop players, living, attending school or playing netball in the county.

**Subsidy Available:**
A part or full subsidy is available towards County training fees, depending on an individual’s circumstances and the financial reserve of the County. A sibling discount is also available for families with more than one child selected for the North Bucks County netball programme.

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| **Guidelines** |
| * All applicants MUST be affiliated to North Bucks Netball prior to application.
 |
| Applicants must apply for grants prior to the start of the season training or before the second payment installment needs to be made. |
| Candidates will be required to accept the terms offered to them and provide proof of qualification where applicable. |
| Multiple applicants will be considered and applicants can apply each season. Grants are the sole discretion of North Bucks Netball Association and are subject to their available funds. |
| Each Application will be judged on its individual merits and the financial position of North Bucks Netball Association at the time of application. |
| North Bucks Netball Association reserves the right to reduce, increase or otherwise amend the subsidy to reflect changes in your personal financial circumstances and/or your performance that takes place during the term of the funding. |
| * P No payments will be made to any applicant. The subsidy will be awarded against county fees owed.
 |
| * A All applicants will be notified of the outcome of their application following a North Bucks Netball Association committee meeting (board convened approx. every 6 weeks)
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Subsidies are subject to available funds. To apply for a subsidy complete the attached form and email to: **nbna1secretary@gmail.com**

**Application form for North Bucks Netball Academy Subsidy**

Please complete and return to: **nbna1secretary@gmail.com**

|  |  |
| --- | --- |
| **Player Name:** |  |
| **Date of Birth:** |  |
| **Home Address:** |  |
|  |
|  |
| **Parent/Guardian name:**  |  | **Relationship to player** |  |
| **Day Time Tel:** |  |  |  |
| **Mobile Tel:** |  |
| **Email Address:** |  |
| **Is the player a member of a netball club:**  |  |
| **If yes, name of the club:** |  |

How many people are there in your household (including you):

|  |  |
| --- | --- |
| **Children (4 years and under):** |  |
| **Children (5-16):** |  |
| **Adults 17-64:** |  |
| **Adults over 65:** |  |

Parent/Guardian, Please tick statements below which apply:

What is your marital status:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Single |  | Widowed |
|  | Married |  | Divorced |
|  | Co-habiting |  | Other |
|  | Separated |  |  |

Which of these best describes you:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Full time employed |  | Full time student |
|  | Part time employed |  | Part time student |
|  | Self employed |  | Retired |
|  | Unemployed, looking for work |  | Caregiver |
|  | Unemployed, not looking for work |  | Disabled, not able to work |

What is your total household income, during the last 12 months:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Below £10,000 |  | £30,001-£40,000 |
|  | £10,001-£20,000 |  | Above £40,000 |
|  | £20,001-£30,000 |  |  |

Do you receive any of the following financial support:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Universal Credit |  | Guardian’s allowance |
|  | Income support |  | Other: Child/Working Tax Credit |
|  | Free school meals |  | None of the above |

|  |
| --- |
| **Have you been granted sport funding from any other source? (please detail)** |
|  |

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| **Have you previously received a North Bucks County Academy subsidy? (please detail year and amount of subsidy)**  |
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| **Please use the space below to tell us about your situation and why you need financial support.**  |
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| **I confirm that all the information I have provided on this application form, is to my knowledge, complete & correct. I agree that this information may be shared with the North Bucks Netball Association Committee members, as required to assess my application to further support my daughter in the sport of Netball.** |
| **Signed by parent/guardian (typed name acceptable):** |  |
| **Please print name:** |  |
| **Relationship to applicant:** |  |
| **Date:** |  |

**Office use only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Application Received** |  | **Date Acknowledgement sent to applicant by NBNA secretary** |  |
| **Application Checked and Verified****(NBNA secretary)** |  | **Date Considered by NBNA committee** |  |
| **% Subsidy Awarded** |  | **Date Communicated to Applicant** |  |