

YOUR DETAILS

NSW GOLF FOUNDATION APPLICATION FOR INDIVIDUAL GRANT



(version: 2014)

Please complete all sections of the form below, and return via one of the methods indicated at the end of the Application. Applicants must ensure that this Application is signed, in the space provided, by a member of the Board of the Golf Club to which they belong and which is supporting this Application. Applicants should also note that Grants are given to support expenses for individuals only (except in cases where a Support Person is necessary for the player's participation in an event), and do not included expenses for partners or spouses. This Application Form must be used in conjunction with the NSW Golf Foundation "Guidelines for Applications", dated 1st June, 2012.

Name							
A diducan							
Address					Postcode		
Phone		Mobile					
Email							
Home Club							
Yea	ars of membership of an affiliated Gol	f Club					
Date of Birth		Golf Link No.			Αι	ustralian H'cap (Exact)	
THE FOUN	DATION						
What prompted	you to contact the NSW Golf Foundat	ion?					
Please list any previous application which you have made to the NSW Golf Foundation. Please include purpose of Application, date and amount of any Grant received (if a Grant was applied for but rejected, please write "none" against the Amount).							
				Date		Amount	
				Date		Amount	
				Date		Amount	
				Date		Amount	
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GRANT APPLICATION

Please complete sections (A) and / or (B) below as appropriate:

SECTION A – Participation in a Golf Event or Championship						
Name of Event or Championship						
	Location					
	Date(s)					
Anticipa	ated cost of participation					
The Gra	nt will be used for exp	enses related to: (ch	eck all the	ose re	elevant, and state amoun	t)
	Entry Fees		Amou	ınt:	\$	
	Travel		Amou	ınt:	\$	
Specify	nature and dates of tra	avel:				
	Accommodation		Amou	ınt:	\$	
Specify	type and dates of acco	mmodation:				
	Equipment		Amou	ınt:	\$	
Specify	type of equipment:					
	Coaching		Amou	ınt:	\$	
Please p	Please provide details:					
	Medical or other (eg	Support Person)	Amount:		\$	
Please provide details:						
	Other		Amou	ınt:	\$	
Please provide details:						
Please list the dates, locations and results of the most recent (within the past two years) State, National or International Competitions in which you have participated:						
	Competition	n	Date(s)		Location	Result

SECTION B – Support or assistance for participation in Golf		
I wish to apply for a grant to assist me in:		
My reasons for requiring this assistance are:		
OTHER SUPPORT RECEIVED		
Please detail the personal contribution which you are making to support your part	cicipation in the eve	nt or activity:
Please list any other sources and amounts of funding which you are receiving or h	ave received for thi	s event/ activity
Source of Additional Funding	Amount	Date granted
COLLABORATION & ACKNOWLEDGEMENT		
Please indicate the types of collaboration and any formal links planned with other	organisations / me	dia
Please indicate how you will acknowledge and promote the NSW Golf Foundation event/activity. Please note that, where funding has also been obtained from other the NSW Golf Foundation will be given an appropriate level of recognition.		
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REFERE'S CONFIRMATION I,					
Golf Club, and confirm that the Applicant is a registered, financial playing member of this Golf Club. I support the Applicant's request for a Grant from the NSW Golf Foundation, based on the details given above, for the reasons stated below. (A supporting letter may be attached). Reasons for my support of the Application: Date: APPLICANT'S UNDERTAKING I, (NAME)	RE	FEREE	'S CONFIRMATION		
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 I, (NAME)	Sig	ned:		Date:	
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, ,, ,	•	_		•	r the provision of a Support
 I agree to comply with the NSW Golf Foundation Guidelines regarding visibility, acknowledgement and promotion 					
	•	•	, ,	• •	
of the Foundation on any printed materials, press items, signage and during any public addresses I may give. I will provide a report to the NSW Golf Foundation within one month of the completion of the event or activity for	_				

I will also forward a copy of this report to the Board of my own Golf Club.

Signed:	Date:	
Signed:	Date:	

Please return Application to:



Mail to: NSW Golf Foundation PO Box 195, Arncliffe, NSW, 2205

which a Grant has been received.



Deliver in person to:Golf NSW

1A Duncan St, Arncliffe, NSW



Email to:
Wynter Hines
wynter.hines@golfnsw.org



Fax to: NSW Golf Foundation (02) 9505 9199

Please direct all enquiries to Wynter Hines

Phone: (02) 9505 9105 Email: wynter.hines@golfnsw.org or go to: http://www.golfnsw.org/default.aspx?s=NSW-Golf-Foundation

