



The Sam O'Shea Foundation

Grant Application Form

We welcome applications from individuals seeking support to help them continue or progress in sport. This form may be completed by the applicant or on their behalf by a nominator. Please complete the form as fully as possible and include any supporting information relevant to the application.

Please return the completed form and supporting documentation to hello@samosheafoundation.org or by post to; The Sam O'Shea Foundation, Long Fall Farm, Reddisher Road, Marsden, Huddersfield, HD7 6NF.

1. Applicant Information

| | |
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| <i>Complete this section for the applicant in all cases.</i> Applicant Full Name | |
| Applicant Date of Birth | |
| Applicant Address | |
| Applicant Email Address | |
| Applicant Telephone Number(s) | |
| <i>If the applicant is under 18, please provide parent or legal guardian details, including full name, address, email address, and telephone number.</i> | |

2. Nominator Details

| | |
|--|-------------|
| <i>Complete this section only if you are nominating the applicant.</i> | |
| Nominator Full Name | |
| Nominator Organisation / Club / Role | |
| Nominator Email Address | |
| Nominator Telephone Number | |
| Relationship to Applicant | |
| Reason for Nomination <i>Please explain why you are nominating this applicant and why you believe they should be considered for support.</i> | |
| How long have you known the applicant, and in what capacity? | |
| Nominator Signature | Date |

3. Sporting Background and Experience

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|---|--|---|--|
| Current Club, Coach, or Training Organisation | | | |
| Primary Sport <i>(e.g. triathlon, running, cycling)</i> | | Average Weekly Training Commitment (hours) | |
| Summary of Sporting Achievements and Experience | | | |
| | | | |

4. Financial or Material Hardship

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| Financial or Material Hardship <i>Please provide a detailed explanation of the hardship affecting the applicant's ability to train, compete, or progress in their sport.</i> |
| Effect on Training and Development <i>Please describe the impact of this hardship on the applicant's training, competition opportunities, or sporting development.</i> |

5. Requested Support

| | |
|--|--|
| Type of Support Requested <i>(Financial / Material)</i> | |
| Purpose of Support Requested <i>(e.g., equipment, travel, coaching, physiotherapy)</i> | |
| Total Estimated Cost or Value of Requested Support <i>(if applicable)</i> | |
| Amount Requested from the Foundation <i>(Please state the amount you are applying for)</i> | |
| Personal Contribution / Other Funding / Remaining Balance <i>(Please include any personal contribution, confirmed or expected funding from other sources, or any remaining balance towards the total cost)</i> | |

6. Additional Information

Please include any additional information you would like the Trustees to consider in support of this application.

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|---|--|
| Further Details or Comments <i>Please use this space to add any further information you would like the Trustees to consider. Please also list any supporting files or documents attached to your application.</i> | |
|---|--|

7. How did you hear about *The Sam O'Shea* Foundation?

- Social media
- Coach / Club
- Website
- Word of mouth
- Other (please specify): _____

8. Declaration

I confirm that the information provided in this application is true and accurate to the best of my knowledge and belief. Where this form is completed by a nominator, I confirm that the information provided is given in support of the applicant and is true and accurate to the best of my knowledge and belief. I understand that the Trustees of The Sam O'Shea Foundation Ltd may request such further information or supporting evidence as they consider necessary in order to assess this application.

| | |
|--|-------------|
| Applicant / Nominator Signature | Date |
|--|-------------|

Privacy Notice: The Sam O'Shea Foundation Ltd will use the personal information provided in this application, together with any supporting documents, for the purposes of administering the application process, assessing eligibility, making decisions on grants or other assistance, maintaining appropriate records, and complying with legal and regulatory obligations. This information will be accessed only by those who need it for these purposes and will be retained only for as long as is reasonably necessary in accordance with applicable data protection law and the Foundation's record keeping requirements. Applicants may have rights in relation to their personal data, including the right to request access to the personal information held about them and, where appropriate, to request correction of inaccurate information. If you require further information about how your personal data is used, please contact the Foundation.

9. Trustee Use Only

| | |
|--|--|
| Date Received | |
| Application Reference Number | |
| Eligibility Check Completed | |
| Decision <i>(Approved / Declined / Deferred)</i> | |
| Amount or Item Approved | |
| Trustee Notes | |
| Authorised Signature & Name | |
| Authorised Signature & Name | |
| Date | |