



## CLONCURRY SHIRE COUNCIL BURSARY APPLICATION FORM

<b>Date of Application:</b>			
<b>First Name:</b>		<b>Surname:</b>	
<b>Date of birth:</b>		<b>School:</b> <small>(if applicable)</small>	
<b>Gender:</b>	Male	Female	
<b>Email:</b>			
<b>Contact mobile:</b>		<b>Landline:</b>	
<b>Home address:</b>		<b>Town:</b>	
<b>Guardian/Parent details:</b> <small>(if under 18 years)</small>			
<b>Activity:</b>			
<b>Club/Organisation:</b>			
<b>Date of Activity:</b>			
<b>Location of Activity:</b>			
<b>Bursary level:</b>	Local: <input type="checkbox"/>	State: <input type="checkbox"/>	National: <input type="checkbox"/>

*Please provide a response to questions below:*

**Please detail the young person's achievements to date and how they will benefit from the activity?**

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**What are the applicant's aspirations and goals?**

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Printed name of Applicant (parent/guardian): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use only</b>			
<b>Date received:</b>		<b>Amount awarded:</b>	
<b>Resolution number:</b>		<b>Payment date:</b>	
<b>GL number:</b>		<b>Council Officer:</b>	