

UMT Sport Scholarship 2017/18 Application Form

PLEASE COMPLETE CLEARLY IN BLUE INK USING BLOCK CAPITALS		
Name:		
1. Personal Details		
Date of Birth:	Age:	
Permanent Address:	Current Address (if different):	
Telephone Number:	Mobile Number:	
Email Address:		
Height:	Weight:	
2. School / College Details		
School / College Attended:		
Address:	Sports InstructorName:	
	Contact Number:	

3. Sporting Details

Selected Sports:			
Number of years participating in this sport:			
Current Club:			
Playing Position:			
If you compete in an individual sport – please complete the following:-			
Event/Category:		Personal Best/Rank:	
Name of Current Coach (if you have more than one coach, please provide details of only one coach whom you are in contact with):			
Home Address:			
Contact Number:			
Playing / Perform Please tick the appropri		Level: xes to show all the level(s) at which you have represented your sport.	
LEVEL	TICK	Supplementary Information e.g. age group, level of team (e.g.1 st XI), competitions, Intercounty level and in which year(s), whether in team or squad and number of times selected if any.	
School Team			
Club Team			
Regional Development Squad			
Junior National			
Senior National			
Most notable life time sports achievements (please include personal best performances, and competition dates as appropriate if any):			

competition dates if any):
1 Potential in Your Sport
4. Potential in Your Sport
What are your realistic sporting ambitions?
What are your realistic sporting ambitions:
At what representative level do you expect to compete in your sport over the next 24 months?
History of Injuries (please give details of any sports injuries sustained within the last 2 years that
required medical treatment and/or prevented you from taking part in your chosen sport):
How would being awarded a UMT Sports Scholarship will assist you in achieving your potential in
your sport?

What level of contribution and commitr	ment are you willing to make to sports at UMT?
6. References:	
Please provide details of 2 people quali teacher or governing body representati	fied and willing to act as referees e.g. coach, manager,
Name:	Name:
Position:	Position:
Home Address:	Home Address:
Mobile Number:	Landline Number:
Email Address:	Email Address:
Have you ever been disciplined for brin If yes, please provide details on a sepa Declaration:	
understand that the University, at under the conditions of the UMT Son a course of study), where infor	t I have stated on this Application Form is correct. I its discretion, may withdraw the offer of a place made ports Scholarship Scheme (and prior to my registration mation so stated is subsequently found to be incorrect on is found to be incorrect or misleading after I have
Signed:	(Applicant) Date:
Dead line:	30 th 1UL Y2017