



SPORTS GRANT REQUEST & NEEDS ASSESSMENT FORM

OFFICE OF THE MEMBER OF PARLIAMENT

WESTERN HANOVER

876-940-2081 | 876-215-0367

 westernhanover2023@gmail.com

 1 Cressy's Lane, Lucea, Hanover

*This form is used to request sports-related assistance through programmes supported by the **Constituency Development Fund (CDF) Programme Management Unit, Office of the Prime Minister.** Information provided may be used to conduct a needs assessment and determine eligibility for assistance.*

Submission of this form does not guarantee approval. Assistance is subject to programme guidelines and available resources.

STUDENT INFORMATION

Full Name:

Date of Birth

Gender:

☐ Male

☐ Female

Educational
Institution:

Grade/Level:

Address:

SPORTS ACTIVITY INFORMATION

Sport/Discipline

Team / Club / Organization

School / Community Group

League / Competition

Level of Participation

☐ School

☐ Club

☐ National

☐ Community

☐ Parish

TYPE OF SPORTS ASSISTANCE REQUESTED

Please tick the category that best describes the assistance needed.

☐ Sports Equipment

☐ Uniform/Gear

☐ Tournament /
Competition Fees

☐ Transportation
Assistance

☐ Training Support

☐ Team Development
Support

☐ Other (please specify)



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DESCRIPTION OF REQUEST

Please briefly explain the reason for requesting assistance.

SUPPORTING DOCUMENTS

- ☐ Proof of Team Membership ☐ Letter from Coach / Team / School
☐ Competition Details ☐ Other Supporting Documents

HOUSEHOLD INFORMATION (Needs Assessment)

Number of persons living in the household

Employment Status of Parent / Guardian:

- ☐ Employed ☐ Employed ☐ Employed

Brief description of household circumstances (if applicable)

N.B.: Applicants are required to submit all relevant supporting documents when submitting this form. Incomplete applications may delay the review process.

DECLARATION

I confirm that the information provided in this request is true and accurate to the best of my knowledge.

Applicant / Parent / Guardian Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date Received: _____

Applicant Eligible for CDF Needs Assessment ☐ Yes ☐ No

Needs Assessment Form Completed ☐ Yes ☐ No

Recommendation ☐ Approved ☐ Pending ☐ Not Approved

Officer Handling Application _____

OFFICER'S REMARKS: _____