

BWBA 50/50 Grant Scheme Application Form

Full Name _____ DOB _____ .

Address _____ .

Email _____ Phone _____ .

Which bowls club(s) are you a member of?

Why are you applying for the BWBA 50/50 Grant?

Why do you need a bowls wheelchair?

Have you tried a bowls wheelchair already? If so, which type was it?
(see www.bwba.org.uk Equipment Page)

What type of bowls wheelchair do you want to buy?

Please tell us briefly what your bowls experience is...

How often will you play once you have the new wheelchair?

Where will the wheelchair be stored when it is not in use?

Please supply a copy of a quote for the wheelchair (or emails relating to the purchase that you have had with the manufacturer of the chair)

Declaration by the Applicant

- 1 I am applying for 50% of the cost of the bowls wheelchair referred to above and in my supporting documents
- 2 I will provide at least half the cost of the bowls wheelchair
- 3 The wheelchair will be mine and is for my sole use only. I will be responsible for its upkeep and maintenance costs.
- 4 I agree that the BWBA can take pictures of me using the wheelchair which will be posted on the BWBA's website and its other social media. The BWBA will give reasonable notice of when the pictures will be taken
- 5 The BWBA logo and contact details will be displayed on the chair
- 6 The grant will be sent direct to the wheelchair manufacturer when payment is required
- 7 The grant does not cover delivery costs
- 8 I agree to keep the wheelchair for five years from the date of purchase

Your full name _____ Date _____.

BWBA use only

	<u>Comments/Notes</u>	<u>Date Agreed/Declined</u>
<u>BWBA Official No1</u>		
<u>BWBA Official No2</u>		

<u>Applicant contacted Y / N</u>	
<u>How contacted and Date</u>	
<u>Grant sent and Date</u>	