



APPLICATION FORM FOR YOUTH PLAYERS GRANT SCHEME

PERSONAL DATA

Last Name : _____ First Name: _____

Date of Birth: _____ Nationality: _____

I.D. Card No.: _____

Home Address: _____

Telephone: _____ Mobile: _____

Personal Email: _____

Club: _____ COMET ID.: _____

LANGUAGE COMPETENCE

Mother Tongue: _____

Other Languages: _____ A1 A2 B1 C1 C2
_____ A1 A2 B1 C1 C2

Common European Framework of Reference for Languages see <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>

Host Club / Academy

Kindly indicate the name of the Club / Academy you would like to follow your scholarship:

Is this the first application you have submitted for the Youth Players Scheme? Yes No

Are you currently seeking/receiving other funding/sponsorship? Yes No

I have not received any funding from this Scheme in the past Yes No

I am not currently the recipient of any other sport grants Yes No

I confirm that to the best of my knowledge all the information given on the application form is accurate.

Applicant's Signature in blue ink _____ **Date** _____

Instructions to Applicants:

- Please submit one original and a photocopy of the original application form.
- All personal information requested in this application form is treated as confidential.
- Applicants can apply for this grant for a maximum of three (3) seasons consecutively. (A footballing season is equivalent to ten (10) months)
- Kindly ensure that upon submission of your application form, an acknowledgement receipt is provided to you.
- Any queries related to this application form can be directed to the General Secretary's office via email on generalsecretary@mfa.com.mt.