



Funding Request Form

Clubs who wish to apply to the Leinster Hockey Association for funding for projects are required to complete this form with as much detail as possible. Submission of form does NOT guarantee funding will be approved.

Name of club/applicant: _____

Contact No: _____

Email Address: _____

Amount of funding request: € _____

Summary of funding request:

Purpose of funding/Target market:

How will the funds be used? Please give details of age groups/clubs' & schools that will benefit from any funding sanctioned. If programmes are to be delivered, please supply information.

What are the expected benefits/returns for the project/funding?

Additional information:

Any funding received from the Leinster Hockey Association must be acknowledged as agreed with the Board. Acknowledgement may be on social media, branding, event promotion.

Funding approved by the LHA Board will be paid by bank transfer.

Account Name: _____

Account Address: _____

IBAN No: _____

Submitted by: _____

Date: _____

Admin Use Only	
Application received (date)	
Application reviewed (date)	
Application reviewed by	
Application status	Approved/Denied
Payment Date	