



APPLICATION FORM FOR YOUTH PLAYERS GRANT SCHEME YEAR 2019/2020

Kindly note that handwritten applications will not be accepted.

PERSONAL DATA

Last Name : _____ First Name: _____

Date of Birth: _____ Nationality: _____

I.D. Card No.: _____

Home Address: _____

Telephone: _____ Mobile: _____

Personal Email: _____

Local 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 matthew.sciberras@mfa.com.mt
- If the player manages to sign for a semi-pro/ professional football club while abroad, the grant will be discontinued.



FINANCIAL IDENTIFICATION

PRIVACY STATEMENT

<https://www.mfa.com.mt/en/privacy-policy.htm>

By submitting this form, you acknowledge that you have been informed about the processing of your personal data by the Malta Football Association for accounting and contractual purposes.

Please use CAPITAL LETTERS and LATIN CHARACTERS when filling in the form.

BANKING DETAILS 1)

ACCOUNT NAME 2)			
IBAN/ACCOUNT NUMBER 3)			
CURRENCY			
BIC/SWIFT CODE			
BANK NAME			
ADDRESS OF BANK BRANCH			
STREET & NUMBER			
TOWN/CITY		POSTCODE	
COUNTRY			

ACCOUNT HOLDER'S DATA

AS DECLARED TO THE BANK

ACCOUNT HOLDER			
STREET & NUMBER			
TOWN/CITY		POSTCODE	
COUNTRY			

REMARK

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BANK STAMP + SIGNATURE OF BANK REPRESENTATIVE 4)

DATE (Obligatory)

SIGNATURE OF ACCOUNT HOLDER (Obligatory)

- 1) Enter the final bank data and not the data of the intermediary bank.
- 2) This does not refer to the type of account. The account name is usually the one of the account holder. However, the account holder may have chosen to give a different name to its bank account.
- 3) Fill in the IBAN Code (International Bank Account Number) if it exists in the country where you bank is established.
- 4) It is preferable to attach a copy of RECENT bank statement. Please note that the bank statement has to confirm all the information listed above under 'ACCOUNT NAME', 'ACCOUNT NUMBER/IBAN' and 'BANK NAME'. With an attached statement, the stamp of the bank and the signature of the bank's representative are not required. The signature of the account-holder and the date are always mandatory.