

Athlete Travel Grant Application

Please read the information below and then submit your completed application to the Canadian Sport Centre (CSC) Pacific campus where you are registered.

Criteria

CSC Pacific recognizes the need for financial aid to support the training and competition needs of **national calibre athletes** across the province of BC. The intent of this grant is to provide qualified athletes with travel assistance through the support of CSC Pacific and the former PacificSport Vancouver-Sea to Sky legacy fund.

Selection of deserving athletes will be based on the following criteria:

- a. athletes must be applying for a National or International calibre competition (i.e. Senior Nationals, Major Games Trials, Olympic/Paralympic Trials, World Championships, etc);
- b. athletes must be BC residents registered with CSC Pacific Vancouver or Whistler Campuses;
- c. athletes must be registered at the BC Development or BC Elite service levels;
- d. each athlete will be eligible for one grant per year only (Apr. 1-Mar. 31);
- e. athletes must have been identified by their respective Provincial or National Sport Organization according to CSC Pacific's athlete eligibility criteria;
- f. the maximum annual allocation of funds will not exceed \$1000.00 to any one athlete;
- g. athletes must submit an outline of their costs related to the competition, as well as copies of receipts for all the major expenses (i.e. airfare, accommodations);
- h. applicants must provide a written letter of support and confirmation of the competition from their coach (max. 100 words)
- i. applicants must agree to attend a minimum of 2 Sport Education sessions **or** complete 4 hours of volunteer work with their appropriate CSC Pacific Campus during the fiscal year in which they are grant recipients.

CSC Pacific's Travel Grant Advisory Committee will use the above criteria as guidelines when selecting athletes to receive a grant. All travel applications must be approved by the Committee and the decisions of the Committee will be final.

The Travel Advisory Committee will meet two (2) times per fiscal year to review grant applications and disperse funds. The allocation of funds will depend on the amount and availability of funds.

Application Deadline: Friday, October 29th, 2010: 4:00pm

Personal Information

Name: _____ Sport: _____

Birth Date (dd/mm/yyyy): _____

Contact Information:

Telephone number: _____ Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Sport Information

Do you receive Sport Canada AAP funding? (circle one) **Yes** **No**

If yes, what level? (circle one) **SR** **D** **C-1**

Do you receive Provincial AAP funding through your PSO? (circle one) **Yes** **No**

Team/Club: _____ Primary Training Site: _____

Current Coach: _____

Phone Number: _____ Email: _____

Please list your competition results from the previous two years:

(these can include performances from World Championships, Commonwealth Games, Pan-Am Games, World Cup, Canada Games, National Championships, and Provincial Championships)

Date	Competition	Event	Result
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Competition Information

Competition Name: _____

Location: _____ Dates: _____

Outline of Expenses

Please itemize your travel expenditures, as well as list who is paying for these expenses.

Item Description	Amount	Who is paying for this expense?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Application Questions:

1. What are your competitive sport goals?

2. If selected, how will this grant assist you in achieving your high performance goals?

3. How will this competition help you in reaching your high performance goals?

4. Any other comments?

I declare the information in this application to be accurate to the best of my knowledge.

Applicant's Name (please print)

Signature

Parent's Signature (if athlete is under 18)

Date (dd/mm/yyyy)

Travel Grant Advisory Committee (Internal Use Only)	
Year applying for grant: _____	CSCP Card Level: _____
Approved? Yes No	Amount: \$ _____
Comments: _____ _____	
Date: _____	Signature: _____