



Sport and Recreation Commission

ELITE ATHLETE ASSISTANCE PROGRAM APPLICATION FORM (Annual Support)

General Information

SPORT: _____

Surname _____ Given Names _____

Current Mailing Address (Street/P.O. Box) _____

City/Town _____ Postal Code _____

Telephone: (B) _____ (H) _____

Permanent Mailing Address (if different from current mailing address) _____

City/Town _____ Postal Code _____

Telephone: (B) _____ (H) _____

email: _____

Birth Date: _____ \ _____ \ _____ Male Female
Year \ Month \ Day

For Post Secondary Student Athletes Only

Educational Status: Not Attending School Post Secondary (Year of Study _____)
 High School (Present Grade _____) Other
If Other, please specify: _____

Employment Status: Full-time Part-time Presently Unemployed Student

Name of Institution: _____

Faculty/Degree Program: _____ Major: _____

Full-time Student Part-time Student Attending from: _____ \ _____ to _____ \ _____
Month \ Year Month \ Year

Are you a national team member? Yes ___ No ___

If yes, what team? ie, Senior National Team, Junior Team, Age Group Team _____

What is your current national ranking in your sport/event? (Where applicable) _____

For Completion by current Coach ONLY

Surname _____		Given Names _____	
Current Mailing Address (<i>Street/P.O. Box</i>) _____			
City/Town _____		Postal Code _____	
Telephone: (B) _____		(H) _____	
NCCP passport # _____		Current NCCP Level _____	
This will confirm that the applicant, _____ Name of athlete _____, is presently training and competing in the sport of _____ Sport _____, under the guidance and training of the undersigned.			
Coach's Signature _____		Date _____	
Comments: _____ _____			

For Completion by Provincial Sport Organization ONLY

NAME OF PROVINCIAL SPORT ORGANIZATION: _____	
Date application received by Provincial Sport Organization: _____ Year \ Month \ Day	
Is the athlete a registered member in good standing with your association? Yes ___ No ___	
To the best of your knowledge, is the information contained in this application accurate and reflective of the athlete's ranking and position regarding the national team programs? Yes ___ No ___	
Please provide any additional comments or information about the individual that you feel would be helpful in assessing their application. _____ _____ _____ _____	
Signature of President, Provincial Sport Organization _____	
Date _____	
Please ensure that you have completed all information and forward to your Provincial Sport Organization for endorsement and submission to SRC.	