

ELITE ATHLETE ASSISTANCE PROGRAM APPLICATION FORM (Annual Support)

General Informa	ation			
SPORT:				
Surname		Given Names		
Current Mailing Address (Street/P.O. Box)			
City/Town		Postal Code		
Telephone: (B)		(H)		
Permanent Mailing Addres	ss (if different from current mailing a	address)		
City/Town		Postal Code		
Telephone: (B)				
For Post Secon	_\ Day dary Student Athletes			
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 m If yes, what team? ie, Sen	nember? Yes No ior National Team, Junior Team, Aç	ge Group Team		
What is your current nation	nal ranking in your sport/event? (W	here applicable)		

Please complete the attached template to provide information on your competition and training plans for the period April 1, 2001 - March 31, 2002. Your day to day training program is not requires - only specific training and competition opportunities that will impact on your overall program. Your plan should reflect the requirements for you to continue at the national team level.

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Past :	АC	:n	ıe١	/er	ne	nts

Please list the recent accomplishments or highlights of your athletic career (indicate year).

YEAR	EVENT	PLACING/OUTCOME			
Athlete's Declaration					
under the Nova Scotia Sport and Recreation		mplete. In return for any assistance provided am, I undertake to fulfill all training and comevel competitions.			

Applicant's Signature

Any Additional Comments:

Please forward the completed application, including coach's signature on the following page, to your Provincial Sport Organization, who shall submit the application on your behalf.

For Completion by current Coach ONLY

Surname	Given Names		
Current Mailing Address (Street/P.	O. Box)		
City/Town			Postal Code
Telephone: (B)		(H)	
NCCP passport #	Current NCCP Level		
	Name of athlete		, is presently training and competing in the sport of
Sport	, under the g	uidance and training	g of the undersigned.
Coach's Signature			Date
Comments:			
For Completion by Provi	incial Sport Organ	ization ONLY	
NAME OF PROVINCIAL SPORT (ORGANIZATION:		
Date application received by Proving	ncial Sport Organization:	Year \ Month \ D	\ ay
Is the athlete a registered member	in good standing with you	r association? Yes	No
To the best of your knowledge, is t tion regarding the national team pr			ccurate and reflective of the athlete's ranking and posi-
Please provide any additional comtion.	ments or information abou	it the individual that	you feel would be helpful in assessing their applica-
Signature of President, Provincial	Sport Organization	 Da	te
Please ensure that you have dorsement and submission to		tion and forward	to your Provincial Sport Organization for en-