

## ATHLETIC EXCELLENCE FUND

It is recommended that all applicants review the program guidelines prior to completing this application.

### General Information

NAME OF SPORT (Primary): \_\_\_\_\_

Level: Provincial  Atlantic  National  International

**Please select the program(s) below for which you are applying for funding. Please review the criteria to ensure that you qualify for the program(s) you are selecting because you may be eligible for more than one program.**

Mark an "x" in the box

Premier's Athletic Award  Elite Athlete Assistance (For athletes competing internationally only)

Team Gushue  SportNL Scholarship  
(SportNL Scholarships are open to athletes, coaches and officials attending recognized post-secondary education institutions)

Are you applying as a:

Athlete  Coach/Official  (Eligible for SportNL Scholarships only)

Name: \_\_\_\_\_  
(First) (Last)

Birth Date: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_ Gender: Male  Female   
Year Month Day

\*Mailing Address: \_\_\_\_\_  
(Street / P. O. Box #)  
City/Town & Postal Code \_\_\_\_\_

Mailing address while at school: \_\_\_\_\_  
(If different from above address.)  
(Street / P. O. Box #)  
City/Town & Postal Code \_\_\_\_\_

\*Telephone Number: (Home) \_\_\_\_\_ (Other) \_\_\_\_\_

\*E-Mail Address: \_\_\_\_\_

Parent's/ Guardian's Name: \_\_\_\_\_

Parent's/ Guardian's Telephone Number: (H) \_\_\_\_\_ (Other) \_\_\_\_\_

**\*Mandatory Field**

**Athletic Performance January – December, 2015**

**ATLANTIC / EASTERN CANADIAN PERFORMANCE 2015**

NAME(S) OF COMPETITION(S)	TYPE OF COMPETITION Sanctioned Championship or Invitational?	YOUR PLACING	NUMBER OF TEAMS/ COMPETITORS	DATE

**NATIONAL PERFORMANCE 2015**

NAME(S) OF COMPETITION(S)	TYPE OF COMPETITION Sanctioned Championship or Invitational?	YOUR PLACING	NUMBER OF ENTRIES IN COMPETITION	DATE

**INTERNATIONAL PERFORMANCE 2015**

NAME(S) OF COMPETITION(S)	TYPE OF COMPETITION Sanctioned Championship or Invitational?	YOUR PLACING	NUMBER OF ENTRIES IN COMPETITION	DATE

### AWARDS/ HONORS/ ACCOMPLISHMENTS IN 2015

TITLE	DATE	PLACING

**Important:**

Please include a schedule of your competitions as known to date for the 2016 calendar year.

**Budget: January 1 to December 31, 2015**

Please list your sport expenditures for the 2015 Competition Season being evaluated, i.e. direct out of pocket expenses. *(Attach additional information if necessary.)*

Please list your revenue for the 2015 Competition Season being evaluated, i.e. all revenue associated with competing including Sport Canada funds, prize money, appearance fees, club funding, corporate support, etc. *(Attach additional information if necessary.)*

Expenditure(s) Item / Amount (i.e., Equipment, Registration, Travel, Training)	Revenue / Amount (i.e., Sport Canada Funds, Prize Money, Appearance Fees, Club Funding, Corporate Sponsorships, etc.)
<b>Total:</b>	<b>Total:</b>

## Educational Status

**Please note:** If you are applying for a Team Gushue Award or a SportNL Scholarship, **an official transcript** for the most recently completed year or term of study – January 01, 2015 to December 31, 2015 must accompany this application or be forwarded separately before the January 29, 2016 deadline. If you were a high school student until June 2015, we only require your official transcript for the Fall semester of your post-secondary studies. **This Educational Status section is to be completed by Team Gushue and SportNL Scholarship applicants only.**

Name of Post-Secondary Institution: \_\_\_\_\_

Address of Post-Secondary Institution: \_\_\_\_\_  
(Street / P. O. Box #)

City/Town & Postal Code \_\_\_\_\_

Faculty/ Degree Program: \_\_\_\_\_ Major: \_\_\_\_\_

Present Status: \_\_\_\_\_  
(Year or Current # of Credits.)

Full-time Student

Part-time Student

Are you enrolled in the above indicated post-secondary institution's current semester (January to May 2016)? \_\_\_\_\_ YES \_\_\_\_\_ NO

Year of Graduation from High School: \_\_\_\_\_

## Additional Information / Sport Leadership

Please list your **current** leadership and/or volunteer activities in related areas of your sport(s):

---

---

Please express your **future** plans that you have as an athlete, coach, official, or volunteer, as they relate to your sport(s):

---

---

## Athlete's Declaration

I hereby declare that all of the above information, to the best of my knowledge, is true and complete. If selected, in return for any assistance provided under the Athletic Excellence Fund Program, I will undertake to fulfill all training and competition commitments and I agree to compete for the Province of Newfoundland and Labrador in Canada Games and other national level competitions.

*Recipients of scholarships will permit SportNL and / or the Department of Seniors, Wellness and Social Development (Government of Newfoundland and Labrador) to publish their names, city or town of residence, and/or photographs for purposes relating to the Athletic Excellence Fund.*

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

## Coach's Declaration: For Completion By Coaches only

\_\_\_\_\_  
*Coach's Surname*

\_\_\_\_\_  
*Given Name*

\_\_\_\_\_  
*Current Mailing Address (Street/ P.O. Box)*

\_\_\_\_\_  
*City/Town*

\_\_\_\_\_  
*Postal Code*

Telephone Number: (Home) \_\_\_\_\_ (Other) \_\_\_\_\_

This will confirm that the above named applicant is presently training and /or competing in the identified sport under the guidance and training of the undersigned.

**Coach's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Any additional comments: \_\_\_\_\_

## Provincial Sport Organization's Declaration

**This section is for completion by a Provincial Sport Organization (PSO) only.**

\_\_\_\_\_  
**Name of Provincial Sport Organization (PSO)**

Please print all information. Also, feel free to attach other additional information if you believe this information is necessary to assist the application.

Athlete's ranking for assistance within your sport based on the *Premier's Athletic Awards Criteria*: (i.e. first, second, third, etc.): \_\_\_\_\_

**\*Male and female athletes must be ranked together; only for those applying for the Premier's Athletic Awards.**

Date application received by Provincial Sport Organization: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_  
Year      Month      Day

Name: (President of the PSO **or** other PSO Executive Member) \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**PSO Position**

\_\_\_\_\_  
**Date**

## Checklist

Please ensure that all areas of this application are completed before submitting your application:

- General Information
- Athletic Performance
- Complete Training and Competition Schedule
- Budget
- Educational Status
- Additional Information
- Athlete's Declaration
- Coach's Declaration
- Provincial Sport Organization's Declaration
- Official Transcript (Required for SportNL Scholarships/Team Gushue Award Only)

## For Internal Use Only

Date received by SportNL: \_\_\_\_\_ Funding Amount: \_\_\_\_\_

Program: \_\_\_\_\_