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|  | INDIVIDUAL ATHLETE ASSISTANCE PROGRAM  APPLICATION FORM |  |  |

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| YOUR DETAILS   |  |  | | --- | --- | | Applicants Name: |  | | Applicants Age: |  | | Type of sport: |  | | Name of event: |  | | Date of event: |  | | Location of event: |  | | Who are you representing: |  | | PARENT/GUARDIAN DETAILS | | | Name: |  | | Phone: |  | | Email: |  | | Postal Address: |  | |

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| FUNDING AMOUNT |
| Please tick the appropriate box of what level activity you are participating in  Regional Representation $150  State Representation $300  National Representation $450  ACTIVITY DETAILS  **Please tell us about yourself, the sport you play, who you are representing and how you got to be selected for this activity.**  Please attach evidence of selection for the team/activity.  **Please describe how you would like to use the funds available through the Individual Athlete Assistance Program.**  Please estimate the extent of travel you expect to undertake in order to engage in training and/or competition and details of costs involved in the activity as presented by the team/activity organiser.  **Please help us to understand why you wouldn’t be able to access this elite sporting opportunity without assistance from this program.**  **How will the proposed sporting opportunity assist with your development?** |

ACTIVITY BUDGET

Please provide any additional information that supports your application. For example: quotes, letters of selection.

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| **Expenses** | **Amount** |  | **Income** | **Amount** |
| Participation Fee  (as charged by the event or sporting body, please provide a copy of this documentation) | $ |  | Funds from this program  (same as that selected in Section 3) | $ |
| Travel Costs  (if separate from Participation Fee) | $ |  | Funds from school or sporting club | $ |
| Accommodation Costs  (If separate from Participation Fee) | $ |  | Funds from sponsors or other community supporters | $ |
| Other Costs | $ |  | Funds provided by you and your family | $ |
| **Total Activity Expenses** | **$** |  | **Total Income** | **$** |

***Please ensure that total expenses match the total income.***

AUTHORISATION

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN SIGNATURE:

Please forward your completed application to:

|  |  |
| --- | --- |
| [http://www.intrigueme.ca/wp-content/uploads/2013/01/Email-symbol.jpg](http://www.google.com.au/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0CAcQjRxqFQoTCJWD48Oz68YCFWcZpgodSJcI5w&url=http://www.intrigueme.ca/wp-content/uploads/2013/01/&ei=rsytVZX0OueymAXIrqK4Dg&bvm=bv.98197061,d.dGY&psig=AFQjCNFWfTPuu9hO-e0eMrHQ5uwSJXVUGA&ust=1437539832789723) | communitygrants@wangaratta.vic.gov.au |
|  | **Rural City of Wangaratta**  **Projects and Recreation Unit**  **PO Box 238**  **WANGARATTA VIC 3676** |

GET IN TOUCH WITH US:

Please feel free to contact Council’s Projects and Recreation Unit on 03 5722 0888

or email: communitygrants@wangaratta.vic.gov.au