|  |  |  |  |
| --- | --- | --- | --- |
|   | INDIVIDUAL ATHLETE ASSISTANCE PROGRAM APPLICATION FORM  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: |  |

 |

|  |
| --- |
| FUNDING AMOUNT |
| Please tick the appropriate box of what level activity you are participating inRegional 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | 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