

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 in

Regional Representation \$300 ☐

State Representation \$600 ☐

National Representation \$900 ☐

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.

Please ensure that total expenses match the total income.

Expenses	Amount
Participation Fee (as charged by the event or sporting body, please provide a copy of this documentation)	\$
Travel Costs (if separate from Participation Fee)	\$
Accommodation Costs (If separate from Participation Fee)	\$
Other Costs	\$
Total Activity Expenses	\$

Income	Amount
Funds from this program (same as that selected in Section 3)	\$
Funds from school or sporting club	\$
Funds from sponsors or other community supporters	\$
Funds provided by you and your family	\$
Total Income	\$

AUTHORISATION

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN SIGNATURE:

Please forward your completed application to:



communitygrants@wangeratta.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@wangeratta.vic.gov.au