

## BC Athlete Assistance Program Application Form 2010-2011

### A. Personal Data (to be completed by the athlete)

First Name:		Last Name:	
Sex:		Date of Birth (yyyy/mm/dd):	
Address:			
City:	Province:	Postal Code:	
Home Phone:	Cell Phone:	Email:	

### B. Educational Status

Completed Secondary School: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please indicate current or highest grade completed:
Post Secondary Educational Status:	
Educational Institution:	
Program: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Certificate/Diploma <input type="checkbox"/> Graduate	<input type="checkbox"/> Part time <input type="checkbox"/> Full time

### C. Awards History

Have you received BC Athlete Assistance funding before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which year(s)?
Do you receive Sport Canada funding? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, indicate Carding level and years received: Carding Level:      Years received:

Please list most recent competition results.	
1    Event: Date: Result:	Level of Competition: <input type="checkbox"/> Provincial <input type="checkbox"/> National <input type="checkbox"/> International

2	Event:	Level of Competition: <input type="checkbox"/> Provincial <input type="checkbox"/> National <input type="checkbox"/> International
	Date:	
	Result:	
3	Event:	Level of Competition: <input type="checkbox"/> Provincial <input type="checkbox"/> National <input type="checkbox"/> International
	Date:	
	Result:	
4	Event:	Level of Competition: <input type="checkbox"/> Provincial <input type="checkbox"/> National <input type="checkbox"/> International
	Date:	
	Result:	

#### D. Coaching Data

Name of Coach:		Primary Training Location:	
Place of Residency:			
City:	Province:	Postal Code:	

#### E. Declarations

<p>I hereby declare that the information in this application, to the best of my knowledge, is true and complete. If verification of my academic standing is required I give my approval for further investigation. In return for any assistance provided to me under the BC Athlete Assistance Program, I agree to fulfill all training and competition commitments, to make myself available to Team BC selection, and to contribute to athlete and coaching development programs run by the Provincial Sport Organization (PSO) within British Columbia. I hereby permit the unrestricted use of my name, list of sport accomplishments and the BC AAP generated images for the purpose of recognition by the Government of BC officials and the media s they pertain to the BC Athlete Assistance Program.</p>	
Signature of Applicant:	Date:
If under 19 years, parent or guardian signature:	
Signature of Parent/Guardian:	Date:

Please submit completed forms to Ms. Yvonne Yong at [yvonnebctkd@hotmail.com](mailto:yvonnebctkd@hotmail.com) before 11:59pm PT on Friday, February 25, 2011.