

Athlete Development Grant Application Form



NOTE: Information collected on this form is directly related to, and is necessary for, the administration of the Contribution Agreement Grant. Please fill out all the information.

Please attach with this form:

1. A copy of last year's list of competition events that you participated in
2. A copy of this year's list of competition events that you plan to participate in
3. A resume of your results (within the last year at minimum) provided by your Coach/Trainer or yourself.
4. A copy of your Coach's certification (highest NCCP level) if you have one.

All completed forms and attachments must be returned to:

**BC Deaf Sports Federation
#4 - 320 Columbia Street
New Westminster, BC
V3L 1A6**

**Fax: 604-526-5010
Email: info@bcdeafsports.bc.ca**

DEPENDS ON FUNDS AVAILABILITY





Athlete Development Grant Application Form

NOTE: Personal information collected on this form is directly related to, and is necessary for, the administration of the BCDSF Athlete Development Grant Program. Please fill out all the information.

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

| | | | | | | | |
|---------------------------------|----------------|------------------------------|-----------------------------|---|-----------------------------|------------------------------|-----------------------------|
| Last Name: | | First Name: | | | | | |
| <input type="checkbox"/> Male | | | | YYYY | MM | DD | Name of Sport: |
| <input type="checkbox"/> Female | Date of Birth: | | | | | | |
| Permanent Address: | | | | | | | |
| City: | | Province: | | Postal Code: | | | |
| Email Address: | | Are you a Canadian Citizen? | | Is this your 2nd consecutive year as a member of BCDSF? | | | |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

B. Additional Information Required

| |
|---|
| <p>1. Please provide the reasoning for the funding support. (Note: The funds cannot be used for any competitions)</p> |
| <p>2. How much are you asking for?</p> |
| <p>3. When would you be using the funds by?</p> |

C. History of Funds Received

| | | |
|---|-----------------------------|---|
| Did you receive funds from BCDSF and/or other provincial organizations in the last 5 years? | | Which year and how much received? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Did you receive funds from CDSA and/or other Canadian organizations in the last 5 years? | | Which year and how much received? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Do you currently receive other sources of funding? | | If so, indicate the name of the funding source: |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

D. Your Competition History

| | | | | | |
|--|--------------------------|--|---------------------------|-----------------|--|
| Indicate the year(s) of the events you have participated in in the last 10 years: | | | | | |
| Provincial or National Championships (specify): | | | World Deaf Championships: | | |
| | | | | | |
| Pan-American Deaf Games: | | | Deaflympics: | | |
| | | | | | |
| Highest competition level that you have reached or participated in? | <input type="checkbox"/> | Regional | <input type="checkbox"/> | Provincial | |
| | <input type="checkbox"/> | National | <input type="checkbox"/> | International | |
| Please list your past best 3 results (your ranking out of how many participants or teams): | | | | | |
| your rank: | | out of how many participants or teams: | | medal achieved: | |
| your rank: | | out of how many participants or teams: | | medal achieved: | |
| your rank: | | out of how many participants or teams: | | medal achieved: | |

E. Training and Current Competition Data

| | | | |
|--|--|---|-----------------------------|
| Number of training hours per week: | | Number of training weeks per year: | |
| Do you have an individualized specific training program? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you following an annual training plan? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you use a daily/weekly training log? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| For individual athletes: What is your current level of competition? | <input type="checkbox"/> Regional | <input type="checkbox"/> Provincial | |
| | <input type="checkbox"/> National | <input type="checkbox"/> International | |
| For athletes that are part of a team: Please indicate the competition level of the team you are currently playing with? | <input type="checkbox"/> National Hearing Team | <input type="checkbox"/> National Deaf Team | |
| | <input type="checkbox"/> Provincial Hearing Team | <input type="checkbox"/> Provincial Deaf Team | |
| If a member of a National Team, please indicate number of training camps/competitions completed for Canada to date: | | | |

F. Coaching Data

| | |
|--|--|
| Do you have a coach training you? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Coach's Name:(First) | (Last) |
| Coach's Email: | Coach's Phone: |
| Coach's Address: City: | Province: |
| What is the highest NCCP Level they have? (If known) (Please mail or e-mail a copy of certificate.) | |
| Additional comments regarding this coach. | |

G. Declarations

I hereby declare the information on this application, to the best of my knowledge, is true and complete. If verification of my information is required, I give my approval for further investigation. In return for any assistance provided to me under the BCDSF Athlete Development Grant, I agree to fulfil all training and competition commitments, to make myself available to BCDSF or/and Team Canada selection, and to contribute to athlete and coaching development programs run by the BCDSF. I hereby permit the unrestricted use of my name, list of sport accomplishments and BCDSF Athlete Development Grant generated images for the purpose of recognition by the BCDSF officials and the media as they pertain to the BCDSF Athlete Development Grant.

| | |
|---|-------|
| Signature of applicant: | Date: |
| If under 18 years of age, parent or guardian's signature: | Date: |