



Bowls BC Athletic Assistance Program Application Form

NOTE: Personal information collected on this form is directly related to, and is necessary for the administration of the BC Athlete Assistance Program and the Premier's Athletic Awards. Disclosure of the information is subject to the provisions of the Freedom of Information and Protection Act (RSBC 1996, c.165). Any question about the collection, use or disclosure of this information should be sent to the Sport Consultant/Policy Analyst, Sport and Recreation Branch, 250.356-5183.

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

Last name:		First name:	
() Male () Female	Date of Birth: YYYY MM DD	Name of Home Club:	
Permanent Address:			
City:		Province:	Postal Code:
Telephone Number:		Hometown:	

B. Educational Status (Information requested by funding Ministry)

Completed Secondary School: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, indicate current or highest grade completed:		
Post Secondary Educational Status:			
Level completed:	() Undergraduate Institution Attended:	() Graduate OR # of years completed:	Institution Attended:

C. Awards History

Have you received BC Athlete Assistance funding before? Yes () No	()	Which Years?	
Do you receive SPORT CANADA funding? () Yes () No	If so, indicate:	Carding Level:	Years Received :

D. Level of Competition and Rankings

Please check level of competition attained to date:	() National Team *	() National Pool *	() National Assessment Camp	() Canadian Playdowns
* If member of National Team or National Pool, indicate number of matches/competitions completed for Canada to date:				

E. Coaching Data

Name of Coach(s):			
Coaches Place of Residency:	Province:	Postal Code:	Tel #:

F. Commitment to Community

If you have received a previous AAP grant, have you completed your Commitment to Community? * () Yes () No		
What?	When?	Where?

*** Failure to meet your Commitment to Community can/may jeopardize the awarding of a grant in subsequent years.**

Certified (Coach/BBC Official)

Bowls BC Athletic Assistance Program Application Form (con't)

Last name:	First name:
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G. BBC-AAP Qualifiers (List of events April 1- Mar 31)

Event:	Tier (I,II,III)	When?	Where?	Result:

E. Training

How many hours per week devoted to Training and/or Competing? Based on 6 months season.	<input style="width: 40px; height: 40px;" type="text"/>	If you were a recipient to a Tier I grant last year did you submitted a training schedule to BowlsBC for this year? <i>(requirement per Criteria when applications were submitted)</i> () Yes () No
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F. Other Accomplishments or Comments

G. Declarations

I hereby declare that the information on 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 Bowls BC Athletic 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 Bowls BC. I hereby permit the unrestricted use of my name, list of sport accomplishments and BowlsBC and British Columbia Athlete Assistance generated images for the purpose of recognition by the Government of BC officials, Bowls BC officials and the media as they pertain to the BC Athlete Assistance Program.

Signature of Applicant: _____ Date: _____

If under 19 years, parent or guardian's signature:

Signature of Parent/Guardian: _____ Date: _____

I hereby endorse this application for assistance and confirm that the commitments made will be monitored.

Signature of Bowls BC Director of Athletic Development (or designate) _____ Date: _____



Return Completed form to Bowls BC
check www.bowlsbc.ca for up to date address.