



Application Form

The Provincial Athlete Assistance Program. 2015-2016



Criteria for Athletes Receiving Assistance for the 2015-2016 Season

Netball players will comply with the athlete eligibility expectations as set out by the British Columbia Athlete Assistance Program 2015-16 Policies, Procedures and Guidelines.

To qualify for support from the 2014-15 grant money players must complete the following application form:

Performance and Commitment to Netball

- Were you available for selection to represent BC at the 2014 National Championships in Burnaby (May 2014)? yes _____ no _____
- Were you available for selection to represent Canada at the AFNA Qualifier Tournament Series (August 2014)? yes _____ no _____

Citizenship and Residency

- Have you been a resident of BC for a minimum of 1 year? yes _____ no _____ (please attach proof of residency)
- Have you been a Canadian Citizen or of Permanent Resident status for a minimum of 1 year? yes _____ no _____ (please attach proof)

Training Competition and Coaching

- Did you complete a personal fitness program that included all the components of fitness? yes _____ no _____
- Did you attend all fitness testing sessions throughout the year and meet the 8.5 minimum fitness level as set out by the provincial coach? yes _____ no _____
- Did you play regularly (every week a full game) on a league team? yes _____ no _____
- If yes --- name team
 - Jan – April 2014 _____
 - Sept – Dec 2013 _____
- Did you miss any sessions, with the approval of the coach, for injury, conflicting work or school commitments? (i.e. university exams) please comment _____
- % practices attended (to be complete by Team Manager _____)

Use of Banned Substances and Methods

- Did you compete without the use of banned substances? yes _____ no _____
- Did you comply with every request to be tested and received a negative result from every test? yes _____ no _____

Financial Need

Please state your individual financial circumstances, including employment and /or student status, and costs associated with participation in the program. This information will be seen by the selection committee only.

A. Status

- Full Time Student: yes _____ no _____
- Part Time Student: yes _____ % time as student _____
- Name of Institution: university _____ school _____
- Full Time Employment: yes _____ no _____

B. Cost of competitions in 2014-16 --- please list your contribution to the following competitions

- National Tournament in Montreal (\$ 500/600) _____
- Switzerland Tri Series (\$2200) _____
- AFNA Championship Calgary (\$2175) _____
- Other (include receipts) _____
- Total _____

C. Funding Assistance --- please list all funding received including sponsorship, BCNA funding, and donations

- Sponsorship (Transamerica) _____
- BCNA funding _____
- Donations made on your behalf _____
- Total _____

D. Total cost:

- B - C = D _____
- Total _____

Why Should You Be Considered for Athlete Assistance?/Any Comments?

Name: _____

Address: _____

Phone number: _____

Cell phone number: _____

Email address: _____

This information is a true and accurate record of my circumstances

Signature: _____ Date: _____

Applications will be read by the AAP Selection Committee and recommendations forwarded to the BCNA executive for ratification. All information will be held in confidence by the AAP Selection Committee.