



# FINANCIAL SUPPORT APPLICATION FORM

Please complete the relevant sections of this form. Return applications to:  
Ballarat Sports Foundation Email wvas@federation.edu.au  
Mobile 0417 044 419

### Application Form:

**Closing Dates 1st March, July, November**

- Individual Athlete
- Team Athlete
- Team Application
- Club / Association
- Coach / Team Official

### PERSONAL DETAILS

Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Phone (H): \_\_\_\_\_ (M): \_\_\_\_\_ (B): \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Sport: \_\_\_\_\_

*The BSF proudly acknowledges the support of the Ballarat Community and recognises in particular Major Sponsors. Crowe Horwath, Ballarat Sportsmen's Club, The Courier, Rotary Club of Ballarat South, City of Ballarat, 3BA FM 102.3, WestVic Academy of Sport*

### TEAM APPLICATION

Sport: \_\_\_\_\_  
 Team Name (inc. Age Group): \_\_\_\_\_  
 Regional  State  National  
 No. in Team: \_\_\_\_\_ Name of Event: \_\_\_\_\_  
 Venue: \_\_\_\_\_  
 Total Cost: \$ \_\_\_\_\_  
 Other Funding  Yes  No If Yes, Amount: \$ \_\_\_\_\_  
 Other Funding Source: \_\_\_\_\_  
 Shortfall: \$ \_\_\_\_\_ Amount sought from BSF: \$ \_\_\_\_\_  
 Other Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### COACH/TEAM OFFICIAL ASSISTANCE

Please explain the basis for application. Athletes or team being coached / NCAS level / Achievements etc.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 NCAS Level: \_\_\_\_\_  
 Have you been selected to coach a team/officiate at a competition/attend coaching clinic  Yes  No  
 Are you to provide personal funding?  Yes  No  
 If yes, Name of team: \_\_\_\_\_  
 Total cost: \$ \_\_\_\_\_ Other income: \$ \_\_\_\_\_  
 Source: \_\_\_\_\_  
 Shortfall: \$ \_\_\_\_\_ Amount sought from BSF: \$ \_\_\_\_\_  
 Where event/clinic held: \_\_\_\_\_  
 Level of competition: \_\_\_\_\_  
 Other information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### CLUB / ASSOCIATION ASSISTANCE:

Please explain basis for application (below)  
 List details (attach if necessary)  
 Project description  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Project cost: \$ \_\_\_\_\_ Own contribution: \$ \_\_\_\_\_  
 Shortfall: \$ \_\_\_\_\_ Amount sought from BSF: \$ \_\_\_\_\_

### INDIVIDUAL APPLICATION

Name of State Sporting Association: \_\_\_\_\_  
 Name of Local Sporting Club / Association: \_\_\_\_\_  
 Secretary: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Phone (H): \_\_\_\_\_ (M): \_\_\_\_\_ (B): \_\_\_\_\_  
 Coach: \_\_\_\_\_  
 Phone (H): \_\_\_\_\_ (M): \_\_\_\_\_ (B): \_\_\_\_\_  
**Financial assistance required for:**  
 Travel  Coaching  Accommodation  
 Uniform  Assessment  Competition  
 Provide details: \_\_\_\_\_

Have you been selected in a team?  Yes  No  
 Are you competing as an individual?  Yes  No  
 Name of Team: \_\_\_\_\_  
 Name of Event: \_\_\_\_\_  
 Where held: \_\_\_\_\_  
 Total Individual Cost to Compete: \$ \_\_\_\_\_  
 Are you to receive funding from your club/association?  
 Yes  No Amount: \$ \_\_\_\_\_  
 Other Funding  Yes  No  
 Source: \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_ Shortfall: \$ \_\_\_\_\_  
 State amount sought from BSF: \$ \_\_\_\_\_  
 If this request is to assist you attend a competition please indicate level you have reached \_\_\_\_\_  
 Are you:  Self Nominated  Selected by Panel  Other

### RECENT SPORTING ACHIEVEMENT

**INDIVIDUAL / TEAM ATHLETE:**  
 Event: \_\_\_\_\_ Age Group: \_\_\_\_\_  
 Result / Placing: \_\_\_\_\_ Time / Distance: \_\_\_\_\_  
 Ranking  State  National  World  
 Other Information: \_\_\_\_\_  
 \_\_\_\_\_  
 Other Notable Performances during the past year:  
 \_\_\_\_\_  
 \_\_\_\_\_

### DOCUMENTATION GUIDELINES:

- Newspaper cuttings are not to be included
- Appropriate sections to be completed and each question answered
- Attach letter confirming team selection
- Attach letter evidencing State/National/World Ranking
- Ensure form is signed, dated and certified

### CERTIFICATION

Please ensure that this certification is completed by Applicant and an authorised witness of the local association  
*'I hereby certify that the information supplied is true and correct.*  
 Signed Applicant: \_\_\_\_\_  
 Date: \_\_\_\_\_  
*"I hereby certify that:*  
*Association supports this application"*  
 Name: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed: \_\_\_\_\_