



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: _____