



ARTHUR WHITE SPORTS BURSARY FUND

Bursary Application Form

PLEASE NOTE:

Applications may be made to the Bursary Fund at any time throughout the year. Trustees meet 4 times annually. Applications may be submitted prior to the event but may not be considered until after the event **and must have relevant receipts attached**. Funds will be withheld until the competition is completed and confirmation of participation is received. The Committee has established a maximum 2 bursary disbursement per calendar year per athlete. Masters events will not be considered. The names of individuals applying to the Sports Bursary Fund will become Public Information.

APPLICANT INFORMATION

Type of Applicant: Individual Team **(please attach list of all participants including full addresses)**

Name of Athlete: _____ Address: _____

City _____ Postal Code: _____ Telephone:(H)_____ (B)_____

Name of Contact Person (if different from athlete) _____

Address (if different than above): _____ City _____ Postal Code: _____

Telephone (if different than above) :(H)_____ (B)_____

If bursary is awarded, cheque payable to (if different than Athlete (i.e. Parent/Guardian): _____

If you have previously received a bursary from the Arthur White Sports Bursary Fund, please provide:

Date: _____ Amount: _____

Event: _____ Location: _____

Name of Club: _____ Club Representative: _____

Provincial or National Governing Body: _____ Telephone: _____

Will other members of this Club be competing? No Yes, How many _____

RESIDENCE CRITERIA

Please check (✓) appropriate statements:

I have been a resident of Cambridge for a minimum of three (3) years prior to this application.

I am currently a member of a relevant athletic group in Cambridge for a minimum of three (3) years prior to this application (name of group/organization): _____

EVENT INFORMATION

Name of Event: _____ Training Competition
↓
 Mandatory or Developmental

Age Level/Division: _____

Location: _____ Date(s): _____

Are there pre-qualifications required to be eligible for this event? No Yes **(If yes, provide qualifying details/specifics)**

a) Does the event offer prize money for placing: No Yes, explain

b) Will you be receiving "appearance" money? No Yes, explain

c) Have you been offered sponsorship(s) or other funding? No Yes, explain

d) Are you a Carded Athlete: No Yes ⇒ Senior card or Developmental card
If yes, what is the level of funding? _____

Final Results at the event: _____

ASSISTANCE REQUIRED: please indicate **ALL** eligible expenses for the Trustees information / consideration. Attach copy of **all eligible receipts(s)** for events pertinent to this application.

Eligible Expenses:

Travel (max. 600 km @ .40/km) _____
Entry Fee: _____
Training Fee / Camp Registration: _____

Additional Information:

TOTAL: _____

Is your Club providing assistance for this event? No Yes, explain _____

Are you receiving and/or applying for assistance for this event through another government agency or municipality?

No Yes, explain

Please provide any additional information to assist the Trustees in making their decision. (use a separate sheet of paper if necessary):

Signature of Applicant: (or Parent/Guardian if applicant is under 18 yrs.) _____

Date _____

CHECKLIST

- All areas of application are complete (double check under Event Info. – pre-qualification information is provided)
- Proof of attendance or completion of event is attached
- Copies of receipts attached for **ALL** eligible expenses
- Application has been signed and dated (**Parent or Guardian must sign if under 18**).

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Return form to:

City of Cambridge
Community Services Department
50 Dickson Street, P.O. Box 669
Cambridge, Ontario. N1R 5W8
Fax: 519.740.7302
E-mail: cichellon@cambridge.ca

Personal information contained on this form is collected pursuant to the Municipal Act and will be used for the purpose of the Art White Bursary review process only. Questions about the collection of personal information should be directed to the City's Freedom of Information and Privacy Co-ordinator in the Corporate Services Department, Clerks Division, at 519.740.4680 Ext. 4583.

FOR OFFICE USE ONLY:

FUND: AW ST

Meeting Date: _____ Amount: \$ _____

Moved by: _____ Seconded by: _____

Notes: _____

How did you learn about the fund?

- Trustee
- Friend
- Community Services
- Sport Group
- Coach
- Newspaper
- Activities Guide
- OTHER _____