Athletic Excellence Grant

Grant Application

Recreation & Cultural Services
Sport Kelowna Centre
645 Dodd Road
Kelowna, BC V1X 5H1
250 469-8504

ORGANIZATION INFORMATION

Sport Organization Name	
Address (City, Province, Postal Code)	
President	Phone
Alternate Contact	Phone
BC Society #	
Is this application for a team or individual athlete? *Complete the appropriate section below.*	
☐ Team ☐ Athlete	

EVENT INFORMATION

Name of Event
Date of Event
Location of Event
Funding Amount Requested
Please indicate how your team or athlete has qualified for the competition

TEAM INFORMATION

Team Name		
Age Division	# of team members	
Coach Name		
Team Contact Person		
Team Contact Address (City, Province, Postal Code)		
Phone - Home	Work	Cell
Email		

ATHLETE INFORMATION

Athlete Name		
Sport		
Athlete Address (City, Province, Postal Code)		
Phone - Home	Work	Cell
Email		
Coach Name		

Please indicate highest level of achievement in your sport, years participated and results (include all performances – if applicable – from the following: World Championships, Commonwealth Games, Pan-Am Games, World Cup Circuit, Canada Games, National Championships, Western Canadian Championships, Provincial Championships):

ALLOCATION OF FUNDS

If approved, what will the funds be used for? Please itemize your expenditures and list who is paying for these expenses:	
List of Travel Expenditures:	Who is covering these costs?

Any other comments

STATEMENT

I declare the information in this application is accurate:

Athlete/Team's Rep Name (please print) _____ Signature _____

Sport Organization Contact (please print) _____ Signature _____

Coach's Name (please print) _____ Signature _____

Date (YY/MM/DD) _____

Please complete the application form and submit to:
Sport Kelowna Centre
Attention: Athletic Excellence Review Team
645 Dodd Road
Kelowna, BC V1X 5H1
Fax #: 862-3327