

1. Personal Details

FUTURE CHAMPIONS TRUST

Future Champions Trust C/O Sport Wanganui, PO Box 516, Wanganui 4540

Application Form for Financial Support

| Name: | | |
|--|-------------------------------------|-----------|
| Date of Birth: / / | | |
| Address: | | |
| | | |
| Home Phone: | Mobile Phone: | |
| Email: | | |
| 2. Purpose of Application | | |
| Event / Travel / Trip / Equipment/ Team Selected for: _ | | |
| | | |
| | | |
| When is this event taking place? | | |
| Where is this event taking place? | | |
| 3. Funding for you to participate in t | the event: | |
| a) What is the total amount required for you to parti | icipate in the event: \$ | _ |
| b) Give a breakdown of the funds you are requesting | g from the Future Champions Trust | |
| Purpose | Priority Score (1-5 with 5 High) | Amount \$ |
| | | |
| | | |
| | | |
| | TOTAL APPLIED FOR | |
| c) Where will the other funds (if needed) come from Explain: | I | |
| | | |

| d) |) Is there a deadline in regard to raising funds to confirm your | place on the trip/event? Yes/No |
|-----|--|--|
| Exp | xplain: | |
| | | |
| e) | Tell us why we should provide some funding support for you your international sporting career. | ı, and how attending this event will advance |
| | | |
| | | |
| | | |
| | | |
| 4 | . Other Relevant Information | |
| a) | | ct next season? Yes/No |
| , | xplain: | |
| | | |
| b) |) Will you be available to meet at Future Champions Trust "Clul on your International experience/s and support the Future C when appropriate? Yes/No | |
| Exp | xplain: | |
| | | |
| Ple | Endorsements lease name of two referees that can support this application (Co f Sport/National Sporting Organisation/Regional Sporting Organ Referee 1 | |
| N.A | NAME | |
| AD | ADDRESS | |
| PC | POSITION | |
| | PHONE | |
| | EMAIL SIGNATURE | |
| | JOHN WOILE | |
| 6. | Athlete/Parent(s)/Caregiver(s) Acknowled | lgement |
| pui | /e (the applicant and parent(s)/caregiver(s)) acknowledge that the urpose it was applied for. In the event we do not proceed with the cknowledge we shall immediately repay the approved funding the a | the intended purpose of this application we |
| | (the applicant) agree to provide the Future Champions Trust wit eturn. The report should give a brief description of how things w | · |
| Ар | pplicant and parent(s)/caregiver(s) to all sign | |
| Ath | thlete: | Dated: / / |
| То | o the best of my knowledge the information given in this application | n is true and correct. |
| Ful | ull Name of Parent/Caregiver: | |
| Sig | igned - Parent/Caregiver: | Dated: / / |
| | - · | |