



Complete this form and email with any supporting documents to:  
raydon@sportwhanganui.co.nz

Alternatively, drop into Sport Whanganui,  
Springvale Park, 226 London Street, Whanganui 4501

# Application Form for Financial Support

## 1. Personal Details

Name: \_\_\_\_\_

Date of Birth:    /    /

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## 2. Purpose of Application

Applicant Sport: \_\_\_\_\_

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 the event:

a) What is the total amount required for you to participate in the event: \$ \_\_\_\_\_

b) Give a breakdown of the funds you are requesting from the Future Champions Trust

Purpose	Priority Score (1-5 with 5 High)	Amount \$
<b>TOTAL APPLIED FOR</b>		

c) Where will the other funds (if needed) come from for you to participate in this event?

Explain: \_\_\_\_\_  
\_\_\_\_\_

d) Is there a deadline in regard to raising funds to confirm your place on the trip/event? Yes/No

Explain: \_\_\_\_\_

e) Tell us why we should provide some funding support for you, and how attending this event will advance your international sporting career.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 4. Other Relevant Information

a) Are you likely to be playing your sport in the Whanganui District next season? Yes/No

Explain: \_\_\_\_\_

b) Will you be available to meet at Future Champions Trust 'Events' to mingle and talk briefly on your International experience/s and support the Future Champions Trust in their activities as and when appropriate? Yes/No

Explain: \_\_\_\_\_

#### 5. Endorsements

Please name of two referees that can support this application (Coach, Club President, School Principal/ Head of Sport/National Sporting Organisation/Regional Sporting Organisation)

	Referee 1	Referee 2
NAME		
ADDRESS		
POSITION		
PHONE		
EMAIL		
SIGNATURE		

#### 6. Athlete/Parent(s)/Caregiver(s) Acknowledgement

We (the applicant and parent(s)/caregiver(s)) acknowledge that the approved funding is paid for the particular purpose it was applied for. In the event we do not proceed with the intended purpose of this application we acknowledge we shall immediately repay the approved funding to the Future Champions Trust.

I (the applicant) agree to provide the Future Champions Trust with a brief written report within 1 month of my return. The report should give a brief description of how things went.

##### **Applicant and parent(s)/caregiver(s) to all sign**

Athlete: \_\_\_\_\_ Dated: / /

*To the best of my knowledge the information given in this application is true and correct.*

Full Name of Parent/Caregiver: \_\_\_\_\_

Signed - Parent/Caregiver: \_\_\_\_\_ Dated: / /

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