Athletic Excellence Grant
Grant Application

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

City of **Kelowna**

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