



# WTF TAEKWONDO FEDERATION OF BC BC ATHLETE ASSISTANCE PROGRAM APPLICATION FORM

## **PERSONAL DATA** *(to be completed by the athlete)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex: Male ☐ Female ☐

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

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

NUMBER AND STREET

CITY

PROVINCE

POSTAL CODE

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_ Date of Birth (yyyy/mm/dd): \_\_\_\_\_

## **EDUCATIONAL STATUS**

Completed Secondary School? Yes ☐ No ☐

If no, indicate current or highest grade completed: \_\_\_\_\_

## **Post Secondary Educational Status**

Educational Institution: \_\_\_\_\_ Part-time ☐ Full-time ☐

Program: \_\_\_\_\_ Undergraduate ☐ Certificate/Diploma ☐ Graduate ☐

## **AWARDS HISTORY**

Have you received BC Athlete Assistance funding before? Yes ☐ No ☐ Which year(s)? \_\_\_\_\_

Do you currently receive Sport Canada funding? Yes ☐ No ☐

If so, indicate: Carding Level \_\_\_\_\_ Years Received \_\_\_\_\_

## **List Most Recent Competition Results**

Event: \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_

Level of Competition: Provincial ☐ National ☐ International ☐ Result: \_\_\_\_\_

Event: \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_

Level of Competition: Provincial ☐ National ☐ International ☐ Result: \_\_\_\_\_

Event: \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_

Level of Competition: Provincial ☐ National ☐ International ☐ Result: \_\_\_\_\_

Event: \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_

Level of Competition: Provincial ☐ National ☐ International ☐ Result: \_\_\_\_\_

## **COACHING DATA**

Name of Coach: \_\_\_\_\_ NCCP Level obtained to date: \_\_\_\_\_

PROOF OF CERTIFICATION MAY BE REQUIRED UPON REQUEST

Address of Primary Training Location: \_\_\_\_\_

## **DECLARATIONS**

I hereby declare that the information in this application, to the best of my knowledge, is true and complete. If verification of my academic standing is required, I give my approval for further investigation. In return for any assistance provided to me under the BC Athlete Assistance program, I agree to fulfill all training and competition commitments, to make myself available to Team BC selection, and to contribute to athlete and coaching development programs run by the Provincial Sport Organization (PSO) within British Columbia. I hereby permit the unrestricted use of my name, list of sport accomplishments and the BC AAP generated images for the purpose of recognition by the Government of BC officials and the media as they pertain to the BC Athlete Assistance Program.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If under 19 years of age, Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit completed application forms to [Master Steve Large](#) or [Master Daniel Thornton](#)  
DEADLINE FOR APPLICATION SUBMISSIONS IS July 31, 2016