



# ARTHUR WHITE SPORTS BURSARY FUND

## Bursary Application Form

### PLEASE NOTE:

Applications may be made to the Bursary Fund at any time throughout the year. Trustees meet 4 times annually. Applications may be submitted prior to the event but may not be considered until after the event **and must have relevant receipts attached**. Funds will be withheld until the competition is completed and confirmation of participation is received. The Committee has established a maximum 2 bursary disbursement per calendar year per athlete. Masters events will not be considered. The names of individuals applying to the Sports Bursary Fund will become Public Information.

### APPLICANT INFORMATION

Type of Applicant:  Individual  Team (please attach list of all participants including full addresses)

Name of Athlete: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone:(H) \_\_\_\_\_ (B) \_\_\_\_\_

Name of Contact Person (if different from athlete) \_\_\_\_\_

Address (if different than above): \_\_\_\_\_ City \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (if different than above) :(H) \_\_\_\_\_ (B) \_\_\_\_\_

If bursary is awarded, cheque payable to (if different than Athlete (i.e. Parent/Guardian): \_\_\_\_\_

If you have previously received a bursary from the Arthur White Sports Bursary Fund, please provide:

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Event: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Club: \_\_\_\_\_ Club Representative: \_\_\_\_\_

Provincial or National Governing Body: \_\_\_\_\_ Telephone: \_\_\_\_\_

Will other members of this Club be competing?  No  Yes, How many \_\_\_\_\_

### RESIDENCE CRITERIA

Please check (✓) appropriate statements:

I have been a resident of Cambridge for a minimum of three (3) years prior to this application.

I am currently a member of a relevant athletic group in Cambridge for a minimum of three (3) years prior to this application (name of group/organization): \_\_\_\_\_

### EVENT INFORMATION

Name of Event: \_\_\_\_\_  Training  Competition

Mandatory or  Developmental

Age Level/Division: \_\_\_\_\_

Location: \_\_\_\_\_ Date(s): \_\_\_\_\_

Are there pre-qualifications required to be eligible for this event?  No  Yes (If yes, provide qualifying details/specifics)

\_\_\_\_\_

a) Does the event offer prize money for placing:  No  Yes, explain

\_\_\_\_\_

b) Will you be receiving "appearance" money?  No  Yes, explain

\_\_\_\_\_

c) Have you been offered sponsorship(s) or other funding?  No  Yes, explain

d) Are you a Carded Athlete:  No  Yes ⇒  Senior card or  Developmental card

If yes, what is the level of funding? \_\_\_\_\_

Final Results at the event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ASSISTANCE REQUIRED:** please indicate **ALL** eligible expenses for the Trustees information / consideration. Attach copy of **all eligible receipts(s)** for events pertinent to this application.

Eligible Expenses:

Travel (max. 600 km @ .40/km) \_\_\_\_\_  
Entry Fee: \_\_\_\_\_  
Training Fee / Camp Registration: \_\_\_\_\_

Additional Information:

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

**TOTAL:** \_\_\_\_\_

Is your Club providing assistance for this event?  No  Yes, explain \_\_\_\_\_

Are you receiving and/or applying for assistance for this event through another government agency or municipality?  
 No  Yes, explain \_\_\_\_\_

Please provide any additional information to assist the Trustees in making their decision. (use a separate sheet of paper if necessary):

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

\_\_\_\_\_  
**Signature of Applicant: (or Parent/Guardian if applicant is under 18 yrs.)**

\_\_\_\_\_  
**Date**

**CHECKLIST**

- All areas of application are complete (double check under Event Info. – pre-qualification information is provided)
- Proof of attendance or completion of event is attached
- Copies of receipts attached for **ALL** eligible expenses
- Application has been signed and dated (**Parent or Guardian must sign if under 18**).

**PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

**Return form to:**

City of Cambridge  
Community Services Department  
50 Dickson Street, P.O. Box 669  
Cambridge, Ontario. N1R 5W8  
Fax: 519.740.7302  
E-mail: cichellon@cambridge.ca

Personal information contained on this form is collected pursuant to the Municipal Act and will be used for the purpose of the Art White Bursary review process only. Questions about the collection of personal information should be directed to the City's Freedom of Information and Privacy Co-ordinator in the Corporate Services Department, Clerks Division, at 519.740.4680 Ext. 4583.

**FOR OFFICE USE ONLY:**

FUND:  AW  ST

Meeting Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Moved by: \_\_\_\_\_ Seconded by: \_\_\_\_\_

Notes: \_\_\_\_\_

How did you learn about the fund?

- Trustee
- Sport Group
- Activities Guide
- Friend
- Coach
- OTHER \_\_\_\_\_
- Community Services
- Newspaper