

Proudly Supporting Future Champions

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| **SCHOLARSHIP APPLICATION FORM JANUARY 2016.** | | | | | | | | | | | | | | | | | | | |
| **Forms are available on the Swimming Trust web page** [**www.nzswimmingtrust.org.nz**](http://www.nzswimmingtrust.org.nz) | | | | | | | | | | | | | | | | | | | |
| Applicants are invited to apply for some financial assistance as a reimbursement of expenses incurred, ‘for travel to amateur competitions, coaching or other similar competitive expenditure’.  ***Individual applications are invited from athlete members of Aquatic Disciplines. Conditions are that applicants will not have received more than $10,000 in total from sponsors and other supporters (not including family) during qualifying period 25/4/2015 to 22/4/16.Those intending to compete in international meets during 2016 should outline intentions. Successful applicants will be advised during May 2016.*** | | | | | | | | | | | | | | | | | | | |
| **APPLICATIONS on OFFICIAL FORMS correctly certified close on April 28th 2016 with:**  **New Zealand Swimming Trust Inc.**  **PO Box 361,**  **MATAMATA 3440**  **Or Email /** [**don.stanley@xtra.co.nz**](mailto:don.stanley@xtra.co.nz) | | | | | | | | | | | | | | | | | | | |
| **Full  Name:** | | | |  | | | | | | | | | | | | | | | |
| **Address:** | | | |  | | | | | | | | | | | | | | | |
| **\*\*\* Email** | | | |  | | | | | | | | **Post Code** | | |  | | | | |
| **Bank Account No**. | | | |  | | | | | | | |  | | | Successful applicants will be advised by email.. | | | | |
| **Phone:** | | | |  | | | | | | | | **Date of Birth:** | | |  | | | | |
| **Registration No:** | | | | **Coach.** | | | | | | | | | | | | | | | |
| **Centre/Region:** | | | |  | | | | | | | | **Club:** | | |  | | | | |
| **Application details**: ***Please identify your best three performances from 25 April 2015 to 22 April 2016.*** | | | | | | | | | | | | | | | | | | | |
|  | **Date:** | | | | **Event:** | | | | | | | **L/C or S/C** | | **Best time** | | | | | **FINA Points.** |
| 1 |  | | | |  | | | | | | |  | |  | | | | |  |
| 2 |  | | | |  | | | | | | |  | |  | | | | |  |
| 3 |  | | | |  | | | | | | |  | |  | | | | |  |
| Give details of NZ squad status: | | | | | | | | | | | | | | | | | | | |
| Where and when this was achieved: | | | | | | | | | | | | | | | | | | | |
| Date: | | |  | | | | | Event: | |  | | | | | | | | | |
| List your main targets, goals and international meets for 2016... | | | | | | | | | | | | | | | | | | | |
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| Have you received financial assistance or sponsorship during qualifying period from any source other than Family? Include all sponsorship e.g. PEGs, etc.  (excluding family support). | | | | | | | | | Sponsor. Value;  ………………………………………………….$.........................................  ………………………………………………….$.........................................  ………………………………………………….$.....................................  Total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Signature of Applicant: | | | | | | |  | | | | | | | | | | | | |
| Name of Regional or Club Officer: | | | | | | | |  | | | | | | | | | | | |
| Signature of Officer: | | | | | | | |  | | | | | | | | | | | |
| Officer’s position: | | | | | | | |  | | | | | | | | | | | |
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**Note!** This form must be signed by an appropriate Regional or Club Officer who can certify that the Applicant is a financial member of SNZ, DNZ or SSNZ and that the details relating to Financial Assistance are correct. (these details will be checked). **Print neatly!! All forms must be legible and filled in correctly.** \*\* Ensure email address correct. Forms must be correctly certified or will not be accepted. Applicants may be interviewed by Grants Panel.