

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 $10,000 in total from sponsors and other supporters (not including family) during qualifying period 25/4/2015 to 22/4/16.Those intending to compete in international meets during 2016 should outline intentions. Successful applicants will be advised during May 2016.***  |
| **APPLICATIONS on OFFICIAL FORMS correctly certified close on April 28th 2016 with:****New Zealand Swimming Trust Inc.****PO Box 361,****MATAMATA 3440****Or Email /** **don.stanley@xtra.co.nz** |
| **Full  Name:** |  |
| **Address:** |  |
| **\*\*\* Email** |  |  **Post Code** |  |
| **Bank Account No**. |  |  |  Successful applicants will be advised by email.. |
| **Phone:**  |  | **Date of Birth:** |  |
| **Registration No:** | **Coach.** |
| **Centre/Region:** |  | **Club:**  |   |
| **Application details**: ***Please identify your best three performances from 25 April 2015 to 22 April 2016.*** |
|  | **Date:** | **Event:** | **L/C or S/C** | **Best time** | **FINA Points.** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| Give details of NZ squad status: |
| Where and when this was achieved: |
| Date: |  | Event: |  |
| List your main targets, goals and international meets for 2016... |
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| Have you received financial assistance or sponsorship during qualifying period from any source other than Family? Include all sponsorship e.g. PEGs, etc.  (excluding family support).      | Sponsor. Value;………………………………………………….$.........................................………………………………………………….$.........................................………………………………………………….$.....................................  Total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Applicant: |                         |
| Name of Regional or Club Officer: |  |
| Signature of Officer: |   |
| Officer’s position: |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**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.