MUNICIPALITY OF SHELBURNE (MDS) - GRANTS TO ORGANIZATIONS

"SCHEDULE C"- ELITE ATHLETE & YOUTH TRAVEL

APPLICATION FORM

NAME OF APPLICANT ATHLETE/YOUTH: _____

CONTACT PERSON (Parent if under 18 years): _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

Provide the name and contact information of the organization/Coach that you are affiliated with:

ORGANIZATION: _____

COACH: _____ TELEPHONE: _____

EMAIL: _____

1. PLEASE INDICATE THE TYPE OF GRANT AND THE AMOUNT FOR WHICH YOU ARE APPLYING FOR:

ELITE ALTHETE ◯ National $500 ◯International $750

YOUTH SPORT TRAVEL ◯ Provincial/Atlantic $250 ◯ National $500 ◯ International $750

2. PLEASE LIST ALL ORGANIZATIONAL SUPPORT THAT YOU HAVE APPLIED FOR:

ORGANIZATION: _____

Amount $ _____

ORGANIZATION: _____

Amount $ _____

ORGANIZATION: _____

Amount $ _____

3. PLEASE IDENTIFY THE MUNICIPAL DISTRICT OR MUNICIPALITY THAT THE APPLICANT LIVES:

- ☐ **District 1** (Quinns Meadow, Clyde River, Beaverdam Lake, Port Clyde, Port Saxon, North East Harbour, North West Harbour, Ingomar, Round Bay, Atlantic)
- ☐ **District 2** (Birchtown, Reids Hill, Hartz Point, Churchover, Gunning Cove, Carleton Village, Roseway, McNutts Island)
- ☐ **District 3** (Sandy Point, Lower Sandy Point civic# 2012 to 2273)
- ☐ **District 4** (Lower Ohio, Middle Ohio, Upper Ohio, Indian Fields, Upper Clyde River, Welshtown, Woodlawn, Lake George)
- ☐ **District 5** (Lower Sandy Point civic# 2276 to 3000, Jordan Bay, Jordan Ferry, Jordan Branch, Lake John Road, Jordan Falls)
- ☐ **District 6** (East Jordan, West Green Harbour, East Green Harbour, Western Head)
- ☐ **District 7** (Lydgate, Osborne Harbour, Allendale, Canada Hill, Rockland, East Side of Ragged Island, Little Harbour, Louis Head, West Middle Sable, Sable River, East Sable River, Port L'Hebert, Granite Village)

4. WHAT SPORT ARE YOU COMPETING IN?_____

5. WHAT LEVEL ARE YOU COMPETING AT?

- ☐ PROVINCIAL
- ☐ NATIONAL
- ☐ INTERNATIONAL

6. HOW LONG HAVE YOU BEEN COMPETING? _____

7. PLEASE SUMMARIZE THE EXPECTED TRAVEL BUDGET (FOR THE ATHLETE/YOUTH ONLY):

	BUDGET	
	EXPENSES	
DETAILS		**AMOUNT**
Accommodation		$
Milage $0.50/km	KM	$
Food $50/day	Days	$
Airfare		$
Other (specify)		$
		$
		$
		$

Total		$

8. PLEASE ENSURE YOUR SUBMISSION INCLUDES THE FOLLOWING:

- ☐ COMPLETED APPLICATION FORM
- ☐ LETTER FROM COACH OR ORGANIZATION PROVIDING REFERENCE FOR THE FINANCIAL NEED OF THE ATHLETE/YOUTH (Youth Travel Category only)
- ☐ PROOF ON COMPETETION REGISTRATION

9. AUTHORIZATION:

Application Prepared By: _____ _____ ___/___/___
(Legal Guardian if under 18yrs) Signature Print DD/MM/YY

COACH/ORGANIZATION: _____ _____ ___/___/___
Signature Print DD/MM/YY

10. SUBMISSION:

MAIL: MUNICIPALITY OF THE DISTRICT OF SHELBURNE

GRANTS PROGRAM

PO BOX 280

SHELBURNE, NS

B0T 1W0

EMAIL: robin.smith@municipalityofshelburne.ca

DROP OFF: 414 Woodlawn Drive, SHELBURNE, NS

ONLINE: www.municipalityofshelburne.ca/grants-to-organizations.html

APPLICATION DEADLINE:

No deadline. Limited funds, first come, first serve.

If you have any questions contact:

Robin Smith, Community Development Coordinator

902-875-3544 ext. 245

robin.smith@municipalityofshelburne.ca