



Support Programme to student/athletes pursuing Tertiary or Vocational studies locally or abroad

Application Form for Assistance

PART 1:

1. Athlete’s Details

- 1.1. Name of Applicant: 2. Surname:
- 1.2. Date of birth: Age: Gender: ID No:
- 1.3. Residential Address:
- 1.4. Phone Number: Email Address:
- 1.5. Name of Sports Federation: Phone Number:
- 1.6. Email:

1.7. Details of Responsible Party

- Father’s Name: ----- Occupation: -----
- Mobile No: -----
- Mother’s Name: ----- Occupation: -----
- Mobile No: -----

2. Academic Details

- 2.1. Tertiary/Vocational Institution planned to attend: -----
- 2.2. Address of Institution: -----
- 2.3. Phone Number: ----- Email Address: -----
- 2.4. Grade: -----

Part 2

Are you a beneficiary of any other financial assistance? (E.g. HLSU, FFPO*, Olympic Solidarity, other sources ...)

Yes No If the answer is yes, do complete the following section:

- i. Name of body providing assistance: -----
- ii. Monthly assistance/allowance: -----
- iii. Period of assistance: -----

* HLSU – High Level Sports Unit
* FFPO – Fonds Francophone pour Préparation Olympique

PART 3: Bank Details

1. Name of bank: -----
2. Address of bank: -----
3. Account number: -----

PART 4: Performance details

1. Name and Place of sports training institution: -----

2. No. of training sessions per week: -----
3. Days and time of training: -----
4. Responsible coach: -----
5. Tel. number of coach: -----
6. Personal sports events
 - (a) -----
 - (b) -----
7. Personal Best Performance in the event(s) during the last 12 months at National Level

Event	Name of Competition	Performance recorded	Number of participants	Date	Age Category	Weight category, where applicable	Minima/Points achieved, where applicable	Ranking at National Level, where applicable

8. Personal Best Performance recorded in the event at International Level

Event	Name of Competition	Performance recorded	Number of participants	Date	Age Category	Weight category, where applicable	Minima/Points achieved, where applicable	Ranking at International Level, where applicable		
								<u>Indian Ocean</u>	<u>African</u>	<u>World</u>

9. Main target of the athlete

Year	Competition/s	Event/s	Performance Objective	Expected achievement in terms of medal target
20....				
20....				
20....				
20....				

Part 5: Describe briefly the purpose of application for Assistance

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Nature of financial assistance required from TFES:

SN	Item	Number	Unit cost (Rs)	Total cost (Rs)
i.				
ii.				
iii.				
iv.				
v.				
vi.				
TOTAL				

Note: All requests shall be supported with evidence.

I, the undersigned, declare that the information provided are true and correct.

Name of Applicant: Signature: Date:

To be completed by applicant who is under the age of 18:

Name of Guardian/Responsible Party: Signature: Date:

TO BE COMPLETED BY FEDERATION

Recommendation (State the reasons for supporting the application or otherwise):

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Name of signatory: Signature:

Position: Date: Seal of Federation

I, (*Name of signatory*) declare that the information provided are true and correct.

OFFICE USE

Not Approved/Approved at Board Meeting of:

Authorised Signature: Position:

Date: Seal: