



**Support Programme to student/athletes pursuing Secondary/pre-vocational studies locally**

**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. School/ Institution attending: -----
- 2.2. Address of School/Institution: -----
- 2.3. Phone Number: ----- Email Address: -----
- 2.4. Grade: -----
- 2.5. Academic Results (Please attach official detailed results for school)

<i>Term/Year</i>	<i>Results (Tick as appropriate)</i>
<i>3<sup>rd</sup> Term .....</i>	<i>Passed/ Failed/ Repeat</i>
<i>1<sup>st</sup> Term .....</i>	<i>Passed/ Failed</i>
<i>2<sup>nd</sup> Term .....</i>	<i>Passed/ Failed</i>
<i>3<sup>rd</sup> Term .....</i>	<i>Passed/ Failed/ Repeat</i>

**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: Performance details**

- 1. Place of training: -----
- 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 in the event(s) during the last 12 months 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		
								Indian Ocean	African	World

9. Main target of the athlete

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

**I, the undersigned, declare that the information provided above 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):**

.....  
 .....

Name of signatory: ..... Signature: .....

Position: ..... Date: ..... Seal of Federation

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

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**OFFICE USE:** Not Approved/Approved at Board Meeting of: .....

Authorised Signature: ..... Position: .....

Date: ..... Seal: