



# Athlete Hardship Bursary Award Application Form

## Applicant Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Club Affiliation: \_\_\_\_\_

Briefly describe how the funds will be used:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Sport Development Opportunity Information

Name of Event or Activity: \_\_\_\_\_

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Registration Fee of activity (if applicable): \_\_\_\_\_

List other costs associated with the activity: \_\_\_\_\_

Briefly describe the nature of the financial issue and need:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Attachments:  Letter from Club Executive and Club Coach  
 Letter from external party

I certify that all information contained in this application is true and complete.

Signature of Parent or Club Executive: \_\_\_\_\_

Please submit application to:  
 BC Artistic Swimming  
 PO Box 42526, Columbia Square PO, New Westminister, BC V3M6L7  
[ed@bcartisticswimming.ca](mailto:ed@bcartisticswimming.ca)