



COMMUNITY FINANCIAL ASSISTANCE PROGRAM

Representative Sporting Selection

Application Form

Applicant:	Name:
	Telephone:
	Email:
Address:	
Sport:	
Is the selection at a regional, state or national level?	
Team or event:	
How were you selected? <i>Attach a letter, email or other evidence from the sport's governing body confirming your selection.</i>	
Amount of financial assistance requested:	\$

I the undersigned **HEREBY DECLARE** that the information provided in this application is complete and accurate.

Signature:

Print name:

Date: