



YOUTH OLYMPIC GAMES – ATHLETE SUPPORT
OPTION 3 – YOG PREPARATION GRANT
APPLICATION FORM

National Olympic Committee

Athlete
Photo

CANDIDATE

PERSONAL DETAILS

Family name		Given name(s)	
Date of birth	Enter date dd/mm/yyyy	Nationality	
Passport – No. (to be annexed)			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone	
E-mail			

SPORTING DETAILS

Confirmed place: qualification or Universality Place (UP) in Youth Olympic Games	<input type="checkbox"/> Qualification <input type="checkbox"/> UP
Individual Olympic Sport (e.g. aquatics/skiing)	
Discipline(s) / Event(s) (e.g. swimming – 200m freestyle women or alpine skiing – women’s downhill)	
Primary sporting achievement(s) (Result, place and date)	1..... 2..... 3.....

Candidate’s background, motivation and planned use of a YOG Preparation Grant



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UNDERTAKINGS

Copy of valid passport enclosed

Yes

No

Nationality - please explain whether there are any particular circumstances that Olympic Solidarity should be aware of, for example dual nationality, recent change of nationality etc.:

Medical condition and responsibility:

- there is no medical issue likely to prevent the scholarship candidate from undertaking intensive physical training in view of the Youth Olympic Games
- all necessary measures will be taken to ensure appropriate and regular medical follow-up
- signature bearers assume full responsibility for the above statements

CANDIDATE

I, the undersigned (athlete or parent/guardian on behalf of athlete), would like to propose my candidature for YOG Preparation Grant and hereby certify that the information provided herein is accurate:

Name and signature:

Date:

NATIONAL FEDERATION

I, the undersigned, on behalf of the National Federation of _____ hereby certify that the information provided herein is accurate:

Name, function and signature:

Date:

Stamp

NATIONAL OLYMPIC COMMITTEE

I, the undersigned, President/Secretary General, on behalf of the NOC of _____ would like to propose the above-noted athlete for a YOG Preparation Grant and hereby certify that the information provided herein is accurate.

Name, function (President or Secretary General) and signature:

Date:

Stamp



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This form is also available on NOCnet <http://extranet.olympic.org/nocnet>