

Application Form

Elite Athlete Assistance Program

Important

- All applications for support must be endorsed by the respective National Sports Federations.
- Athletes must have represented Saint Lucia for at least four years and must be ranked in the top thirty (30) at the continental level
- Answer each section fully and sign the form.
- Incomplete applications will not be considered and will be returned to the applicant.
- To qualify for assistance, athletes must commit to making themselves available to represent Saint Lucia at the following events over the next three (3) years:

LOCAL	REGIONAL	CONTINENTAL	INTERNATIONAL
• NFs National Championships	• OECS Championships	• CASCO Games	• World Championships
	• Caribbean Championships	• NFs Continental Championships	• Commonwealth Games
		• Pan American Games	• Olympic Games

Athlete Details *(please print clearly)*

Applicant's first name			Applicant's middle name/s			
Applicant's last name						
Mailing/Postal address						
Email address						
Telephone contact	Home			Mobile		
Date of birth (dd/mm/yyyy)				Gender (please tick)	M <input type="checkbox"/>	F <input type="checkbox"/>
Home street address (where you can be found daily (8:30am – 5:00pm))						
Next of Kin						
Contact details (Next of Kin)						
Are you eligible to receive assistance from the SLOC? (compliance with NCAA rules, amateur status, etc.)?	<input type="checkbox"/> YES (continue) <input type="checkbox"/> NO (you are NOT eligible for funding under this program)					

Competition Details *(please print clearly)*

What is/are your main event/s?			
List the events you competed in the past year	•		•
	•		•
	•		•
What were your achievements in the past year	•		•
	•		•
	•		•
What is your highest ranking in your best event	Locally	Regionally	Internationally
What are your goals			
Are you currently recovering from or being treated for any injury	YES	NO	If YES, where did you sustain the injury, what is the extent of the injury, what is the prognosis
Are you currently employed	YES	NO	If YES, are you employed FULL TIME or PART TIME
If employed, what is your occupation			
What is your annual income	EMPLOYMENT	APPEARANCE FEE	PAYMENTS
	SPONSORSHIP	CONTRACTS	Other, Government, Lottery
Provide details of your training plan	Name of coach		
	Training venue		
	Training days		
	Training time/s		
Do you have an agent? If yes please provide the following details	Name of agent		
	Contact details		
What is your training cost? Please itemize and provide details	VENUE	COACH	
	TRANSPORT	GYM	
	Training gear (shoes, clothing, equipment, etc.)		
	Medical (physiotherapist, masseuse, psychologist, etc.)		
	Supplements		

What are your current living expenses? Please provide details	RENTAL - INCLUDING UTILITIES	FOOD
	MEDICAL (INSURANCE)	OTHER
Provide a list of events you have scheduled to participate in annually for the next three years		
What is the anticipated cost? Please provide details		
How do you plan to meet that cost		
Why should the SLOC support you?		

Endorsement (please print clearly)

I hereby affirm that all above stated information provided by me is true and correct to the best of my knowledge.

I approve the verification of the information presented with the relevant authorities for purposes of determining and granting this award. I understand that the award may be denied if any information reported on this application is found to be intentionally misleading or inaccurate.

Athlete's name			
Signature	x	Date	

Declaration of attendance (please print clearly)

This section is to verify your attendance and participation at the previously mentioned events and is to be completed by the President (or other committee member) of the respective National Sporting Association

I certify that the athlete (Print Athlete's Full Name):

has competed/participated at the Local, Regional, Continental or International Championship as outlined above.

Name of Association			
Address of Association			
Contact telephone number	Landline		Mobile
Name			
Signature	x	Date	

Terms and Conditions (please read carefully)

1. The completion of this form does not automatically entitle the applicant to qualify for support by the SLOC
2. Applications from persons who are in violation of the WADA Code will not be processed

Agreement (please print clearly)

I have read and agree to the Terms and Conditions outlined above and certify that all information provided in the application is correct.

My signature below signifies agreement to the conditions of this offer.

Athlete/guardian's name			
Signature	x	Date	

Submit Your Application

Please submit your application including the signed Terms and Conditions to sloc@candw.lc –

*Elite Athlete Assistance Program
Saint Lucia Olympic Committee
P.O. Box CP 6023
Conway Post Office
Castries, SAINT LUCIA*

For more information contact sloc@candw.lc or telephone 1-758-453-6758; or visit our website at www.slunoc.org .