



Request of Grant for High-Level Athletes

Identity

Full name:

Nationality:

Date of birth:

Phone: Mail:

Present Individual Status

If you are currently a student

State the name and the address of your school for the academic year of 2019-2020 and your grade:

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If you currently have a job:

State if you are a part-timer, a full-timer or a paid professional athlete:

- Part-timer
- Full-timer
- Paid Professional Athlete

Company or club:

Sports Status

Which sports do you practice?

Competition age category:

Current Club Information

Club's name:

Address:

Club's contact information:

Name and contact of the trainer:

Results and sports ledger

Competition	Specialty	Division / Level	Category	Location	Date	Result	Classification
<i>Asia Cup</i>	<i>400m</i>	<i>International</i>	<i>Junior M</i>	<i>Gifu, japan</i>	<i>8/06/18</i>	<i>48''15</i>	<i>5th</i>

What are your athletic goals and objectives for the 2020-2021 season?

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What are your future plans for a profession at the end of your sports career as an athlete?

- Coach/Trainer
- Physical Preparator
- Teacher of sports and physical education
- Researcher
- University professor
- Sports investor
- Sports journalist
- Physiotherapist
- Other:

Mandatory commitment for all grant requests

I the undersigned certify the accuracy of the information provided in this document.

Full name of the athlete:

(kindly read, understand and then tick all cases)

I understand and acknowledge that the administration of Sports Academy School can, at any moment, request justifications and documents regarding information and data presented in this document.

In case I acquire the grant:

I commit myself to respect the « sport ethics » and to conduct myself in an exemplary manner at Sports Academy School. My behavior should be that of a positive leader for both my school and my companions.

I acknowledge that my absence from any course will not be authorized unless for an official sports competition of which the administration of sports academy school is priorly aware.

I commit myself in full capacity to play and represent the Sports Academy School in the inter-scholarly competitions, in events and in marketing activities.

I commit to place the logo of Sports Academy School on my gear and equipment during/of competitions.

Date:

Student's signature :

Parents' signatures:

Requested Documents

- Certificate of salary in case of employment
- A copy of the sport official license/certificate for the previous and current seasons
- A certificate of sports results/achievements from the concerned Federation