



Coach Travel Grant Application

Please read the information below and then submit your completed application to the PacificSport Columbia Basin at columbiabasin@pacificsport.com before 11:59 pm March 15th, 2023.

Criteria

PacificSport acknowledges the significant contribution of PacificSport affiliated coaches and their commitment to the development of high performance athletes. PacificSport recognizes the need for financial aid for travel for affiliated coaches - please refer to the criteria below. The intent of this grant is to help offset **travel** expenses through the support of PacificSport.

To be eligible, a coach's travel expenses must fall into one of the categories below:

- for professional development opportunities, or;
- certification courses, or;
- to accompany their athlete to national championships or highest level of competition in that sport.

Selection of deserving coaches will be based on the following criteria:

- a. must be a PacificSport affiliated coach with a current NCCP number,
- b. must be attending with athletes they directly coach who have achieved their national championship or equivalent entry standard as set by their National Sport Federation, or the athlete or team must have qualified for a national/international championship or the highest level of competition in that sport (Senior Nationals, Olympic Trials, Major Games Trials, World Championships);
- c. each coach will be eligible for one grant per year only;
- d. the funds will be used for travel expenses only;
- e. the amount requested must be matched by the sport or coach;
- f. normally, the maximum annual allocation of funds will not exceed \$500.00 to any one coach; and
- g. coaches may only apply once during the Regional Centre's fiscal year (April 1 – March 31).

The Travel Advisory Committee of the PacificSport Regional Board of Directors will use the above criteria as guidelines. All travel applications must be approved by the Committee. The decisions of the Committee will be final.

The Travel Advisory Committee will meet 3 times each calendar year to review bursary applications and disperse funds. The allocation of funds will depend on the amount and availability of funds.

Please complete the application form, which begins on the following page, and then submit to the PacificSport Centre at which you are registered.



Personal Information

Name: _____

NCCP #: _____

Contact Information:

Telephone numbers: home: _____ work: _____ fax: _____

cell: _____ pager: _____ email: _____

Street: _____

City: _____ Province: _____ Postal Code: _____

If you are applying for a professional development opportunity or a certification course, please pass over the following section and complete the next section on the following page.

Sport Information

Does your athlete(s) receive: Sport Canada (national) Carding Funds? _____ Provincial AAP funding? _____

What is your athlete's / team's National Ranking? _____ Provincial Ranking? _____

Primary Training Site: _____ Team/Club: _____

Athlete's / Team's Contact Numbers (incl. email): _____

Please indicate your athlete's / team's highest achievement in your sport, years participated and results (include all performances – if they are applicable – from the following: World Championships, Commonwealth Games, Pan-Am Games, World Cup Circuit, Canada Games, National Championships, Provincial Championships):



Sport Information (cont'd)

Please indicate how your team or athletes have qualified for the competition:

Allocation of Funds

If approved, what will the funds be used for? (Please give complete details, including location & dates of competition / professional development opportunity / certification course)

List of Travel Expenditures

Who is covering these costs?

Dates:

Location:



Summary of Request

Amount Requested:

Any other comments?

I declare the information in this application is accurate.

Applicant's Name (please print)

Signature

Date (Y/M/D) _____

Travel Advisory Committee	Internal Use Only	09-2008
Year applying for grant _____	Current level of athlete/team _____	
Approved: YES NO	Amount: _____	
Comments: _____ _____		
Date _____		
Signature _____	Printed name _____	