



ATHLETE FUNDING PROGRAM GRANT APPLICATION

The entire application must be completed and required documents attached in order for your application to be considered.

1. Name: _____
2. Address: _____
Postal Code: _____
3. Email Address: _____
4. Birth Date: _____
5. Squash Ontario Membership Number and Expiry Date: _____

6. Amount Requested (up to \$300.00) _____

7. Funding Requested for:

World Championship

Name of Championship _____
Date of Championship _____
Location of Championship _____

8. Funding from other sources

Squash Canada? _____ **Insert Amount:** _____
Sponsorship? _____ **Insert Amount:** _____

9. Total Costs of your participation? \$ _____ .
You must attach a copy of the cheque you have paid to Squash Canada to cover your partial expenses.

The applicant agrees that the above information is accurate and correct.

Dated this _____ day of _____, 20 ____

Signature of Applicant: _____

If applicant is under 18 years of age, signature of parent or guardian: _____

Submit to Executive Director, Squash Ontario, 3 Concorde Gate, Toronto, ON M3C 3N7 or email to sfunston@squashontario.com