



## Saskatchewan Program for Athletic Excellence Application Form

The purpose of the Saskatchewan Program for Athletic Excellence is to provide additional direct financial assistance to Saskatchewan's High Performance Athletes who are carded at the national level by Sport Canada.

**Please read all of the instructions below before proceeding with this application.**

- In order to be eligible for the Saskatchewan Program for Athletic Excellence you must be a Saskatchewan athlete nominated and accepted for carding status under Sport Canada's Athlete Assistance Program (AAP).
- Please read the complete Saskatchewan Program for Athletic Excellence Guidelines and Criteria before proceeding with this application.

### Saskatchewan Program for Athletic Excellence Application Process & Deadlines

- Athletes will apply based on your sport's carding cycle for Sport Canada's Athlete Assistance Program.
- Athletes must complete their application and submit all required documentation within two months of the start of the carding cycle for your sport (i.e. March 1<sup>st</sup> for carding cycles starting on January 1<sup>st</sup>).
- To qualify, completed applications must be postmarked on or before the deadline and sent to:

Saskatchewan Program for Athletic Excellence  
Attention: Michelle Dezell  
510 Cynthia Street  
Saskatoon, SK S7L 7K7

- The application form must be completed in full.
- Once the CSCS has determined eligibility and funding allotments, the athlete will be notified in writing at the permanent address provided. Successful applicants will receive their full eligible payment at that time.

*Funded By:*

## Saskatchewan Program for Athletic Excellence Application Form

PERSONAL DATA			
Last Name:		First Name:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: (mm/dd/yyyy)	
Name of Sport:			
Mailing Address:			
City/Town:		Province:	Postal Code:
Phone:		Email:	
Number of years at current address:			
Please list the Saskatchewan hometown that you want used for the purpose of promotion & recognition.			
City/Town:		Period of Residency: (mm/yyyy) to (mm/yyyy)	
ATHLETE INFORMATION AND ELIGIBILITY			
I am applying as an athlete training in Saskatchewan: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, I am applying based on one of the exceptions:			
<input type="checkbox"/> I am training out of province as part of a formal NSO-sanctioned training program <input type="checkbox"/> I cannot receive the required level of training in Saskatchewan and as a result have relocated out of the province (i.e. due to lack of facilities, coaching, competition, national team requirements) <input type="checkbox"/> I am attending a post-secondary institution out-of-province <input type="checkbox"/> Other extenuating circumstances that require me to be out of the province.			
Please indicate:			
I am a product of the Saskatchewan sport system because a significant and/or relevant portion of my sport development occurred while a primary resident of Saskatchewan. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently registered with the Canadian Sport Centre Saskatchewan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently received funding from any other Provincial Athlete Assistance programs? (ie. Podium Alberta, Quest for Gold Ontario Athlete Assistance Program, etc. ) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, which province?			

## POST-SECONDARY ATHLETIC SCHOLARSHIP

Are you receiving a Post-Secondary University Athletic Scholarship?  Yes  No

If yes, what kind?  NCAA  Canadian Interuniversity Sport  Other:

***The Applicant will be required to acknowledge that he/she has sole responsibility for determining the possible impact accepting Saskatchewan Program for Athletic Excellence funding with respect to current or future NCAA scholarship eligibility.***

***The NCAA may be contacted at: [www.ncaa.org](http://www.ncaa.org)***

***NCAA Eligibility Centre***

***P.O. Box 7110***

***Indianapolis, IN 46207***

***1-877-262-1492***

## SPORT CANADA AAP HISTORY

To be eligible to receive the Saskatchewan Program for Athletic Assistance, you must be a Sport Canada carded athlete. Please identify your carding status:

C1  SR  S1  DEV

How many months per year are you funded?

1  2  3  4  5  6  7  8  9  10  11  12

## DECLARATIONS AND CONSENT

I certify that:

1. The information I have provided on this application for a grant is true, complete and correct and I, the applicant, have personally provided it.
2. I understand that the Canadian Sport Centre Saskatchewan (CSCS) may decline this application:
  - (a) If I don't meet the guidelines for the program.
  - (b) If I have submitted any false statements or concealed a relevant or significant fact as both constitute misrepresentation.
  - (c) If I do not comply with any request for information required by the CSCS to effectively administer and maintain the integrity of the program.
3. In return for any assistance provided to me under the CSCS's Saskatchewan Program for Athletic Excellence, I agree to fulfill all training and competition commitments as set out in my NSO/Athlete Agreement.
4. I will represent Saskatchewan in a positive manner, and publicly declare support I receive through the CSCS.
5. I will make a public appearance on behalf of the CSCS and/or the Ministry of Tourism, Parks, Culture and Sport if requested to do so, at a mutually agreeable time.
6. I am solely responsible for making all necessary investigations with the National Collegiate Athletic Association (NCAA) or other athletic organizations as necessary, to determine whether receipt of assistance from the CSCS would negatively affect my status as an amateur athlete or my eligibility to receive athletic or academic scholarships. I confirm that CSCS has given me no assurances and made no representations in this regard. I will not make any claims against the CSCS, Sask Sport Inc. or the Government of Saskatchewan in this regard.
7. I am solely responsible for determining whether receipt of assistance under the Saskatchewan Program for Athletic Excellence would negatively affect my eligibility for income support from other scholarships, bursaries or student financial assistance programs, disability or other pensions, social assistance programs or other income support programs. I confirm that there have been no assurances nor representations in this regard. I will not make any claims against the CSCS, Sask Sport Inc. or the Government of Saskatchewan in this regard.

8. I have read, understand and agree to abide by the terms and conditions governing the grant outlined above and the Saskatchewan Program for Athletic Excellence Guidelines and Criteria and accept sole responsibility for the expenditure of the grant funds.

_____	_____	_____
Name of Applicant	Signature	Date (mm/dd/yyyy)
_____	_____	_____
Name of Parent or Legal Guardian (Required if applicant is under 18)	Signature	Date (mm/dd/yyyy)
_____	_____	_____
Name of Witness (Required)	Signature	Date (mm/dd/yyyy)

**AUTHORIZATION TO COLLECT AND DISCLOSE PERSONAL INFORMATION**

By signing and submitting this form:

- I authorize the CSCS to collect and disclose information about me that is necessary to verify my eligibility for the Saskatchewan Program for Athletic Excellence grant when consulting with the following third parties:  
(a) Sask Sport Inc.;  
(b) Province of Saskatchewan;  
(c) Other Provincial / Territorial Governments;  
(d) The Government of Canada, including Sport Canada's Athlete Assistance Program;  
(e) The Canadian Centre for Ethics in Sport.
- I authorize the CSCS to disclose, as necessary my name and contact information to my local Member of the Legislative Assembly (MLA) and authorize my MLA to collect this information.
- I authorize the CSCS and the Province of Saskatchewan to disclose, as necessary, my personal information to the public including my name, hometown, image and list of accomplishments for the purpose of promoting the Saskatchewan Program for Athletic Excellence. I understand and agree that this information will be disclosed without charge in Saskatchewan Program for Athletic Excellence promotional materials, broadcasts, press releases, websites and other communications and publications prepared by CSCS and/or the Province of Saskatchewan.

_____	_____	_____
Name of Applicant	Signature	Date (mm/dd/yyyy)
_____	_____	_____
Name of Parent or Legal Guardian (Required if applicant is under 18)	Signature	Date (mm/dd/yyyy)
_____	_____	_____
Name of Witness (Required)	Signature	Date (mm/dd/yyyy)

**Application Deadline:**  
Athletes must complete their application and submit all required documentation within two months of the start of the carding cycle for your sport (i.e. March 1st for carding cycles starting on January 1st)

**Mail completed applications to:**  
Saskatchewan Program for Athletic Excellence - Attention: Michelle Dezell  
510 Cynthia Street, Saskatoon, SK S7L 7K7