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| **National Federation** |  |
| **NF Contact**  |  |
| **E-mail** |  |

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| **Name /details of proposed scholarship recipient athlete** |
| Family name: | First Name: |
| Date of Birth: |  dd mm yyyy  | Gender: | Male |  | Female |  |
| E-mail: |  |
| **Name /details of the athlete’s head coach** |
| Family name: | First Name: |
| E-mail: |  |

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| **Objective of Scholarship** |
|  |
| **Description of Scholarship Programme being proposed** *(Please provide additional information if needed)* |
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| **Has the NF submitted Olympic Scholarship application to the National Olympic Committee for the applicant athlete?** |
| Olympic scholarships for athletes Tokyo 2020 | Yes |  | No |  |
| Olympic scholarships for athletes Rio 2016 | Yes |  | No |  |
| **Has the candidate benefited from one of the following Olympic Solidarity scholarships?** |
| Olympic scholarships for athletes Tokyo 2020 | Yes |  | No |  |
| Olympic scholarships for athletes Rio 2016 | Yes |  | No |  |

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| **Athlete - Participation in Continental Development Projects**  |
| **Have your athlete participated in any Continental Development Projects (scholarship, camp, Team Continent)?** | Yes |  | No |  |
| If, yes… please specify. |
| Project | Where? | When? |
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| **Athlete - Primary sporting achievement at Continental Championships** |
| **Event** | **Year**  | **Result** | **Place** |
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| **Recommended Programme(s)** | **Programme Location** | **Dates** |
| **From (dd/mm/yyyy)** | **To (dd/mm/yyyy)** |
|  |  |   |  |
|  |  |  |  |
|  |  |  |  |
| **Budget Proposal** |
| DetailsPrincipal forecasted budget items | Budget (National Currency) | Budget (US$) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total: |  |  |
| Exchange Rate: | US$ 1 =  |

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| **Optional Attachments** *(will facilitate approval procedure if submitted)* | Enclosed |
| 1. Scholarship objectives and description
 | Yes |  | No |  |
| 1. Long Term Strategic Plan of the National Federation
 | Yes |  | No |  |
| 1. Detailed sporting curriculum of athlete
 | Yes |  | No |  |
| 1. Copy of athlete’s passport
 | Yes |  | No |  |

I, the undersigned, certify that the information provided above is accurate.

Stamp

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| --- | --- |
| (Name, Function and Signature) | (Date) |

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| **Final application forms must be submitted to** **development@triathlon.org** **no later than Monday 16th April 2018** |