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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** |
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| **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)** |
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| **Budget Proposal** | | | | | | | |
| Details Principal forecasted budget items | | | Budget  (National Currency) | | Budget  (US$) | | |
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| Total: | | |  | |  | | |
| Exchange Rate: | US$ 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**](mailto:development@triathlon.org) **no later than Monday 16th April 2018** |