



Rising Star Application Form

Before you start

- Athletes, Parents, Coaches and Nominators should read the Terms and Conditions carefully before completing this form.
- Applications that demonstrate financial barriers may be given priority through this program.
- Previous successful applicants can reapply for funding; however priority is given to those athletes that have not yet received funding through this Program.
- Answer each question fully and provide all signatures where required.
- Applications must be received by **May 1st**. Incomplete or late applications will not be considered.
- Review the submission checklist to ensure the correct documents have been submitted.

Athlete details (please print clearly)

A copy of the athletes Birth Certificate must be provided

First Name			Last Name	
Mailing Address				
	Postal Code			
Parent /Guardian Names	Mother		Father	
Contact Numbers	Home		Work - Mother	
	Cell		Work - Father	
	Fax			
	Email			
Date of Birth (m/d/y)	____/____/____	Age as of Jan 1/2010		
Gender	M <input type="checkbox"/> F <input type="checkbox"/>			
Sport				
Indicate which Territorial Sport Organization she/he is a Member of:				

Nominator details (please print clearly)

If the nominator is the coach, please skip this section and fill out the Coach details section

First Name			Last Name	
Mailing Address				
	Postal Code			
Contact Numbers	Home		Work	
	Cell		Fax	
	Email			
Profession				
Please attach a letter which outlines at minimum the following:	<input type="checkbox"/> How do you know this athlete? <input type="checkbox"/> What is the athletes character and how would he/she benefit from the program? <input type="checkbox"/> Any other information you feel would benefit or compliment this application.		<input type="checkbox"/> How long have you known this athlete? <input type="checkbox"/> Why should we consider this athlete for the program?	

Coach details (please print clearly)

First Name			Last Name	
Mailing Address				
	Postal Code			
Contact Numbers	Home		Work	
	Cell		Fax	
	Email			
Please attach a letter which outlines at minimum the following:	<input type="checkbox"/> How long have you coached this athlete? <input type="checkbox"/> How does this athlete exhibit fair play and sportsmanship? <input type="checkbox"/> Why would this athlete benefit from the program? <input type="checkbox"/> Please describe the character of the athlete? <input type="checkbox"/> How does this athlete exhibit high performance potential and/or excels in their sport? <input type="checkbox"/> Is this athlete part of an Excel NT Program? <input type="checkbox"/> Any other information you feel would benefit or compliment this application.			

Financial details (please print clearly)

A copy of the completed registration form for the camp/clinic must be included

Name of camp/clinic			
Start and end date of camp/clinic		Location	
Fees	Registration		
	Travel		
	Accommodation		
	Meals		
At the discretion of Sport North a portion of the registration fees, transportation, accommodations and meals may be covered through this program. Sport North will not cover any costs related to coaching fees, equipment or facility rentals. Sport North reserves the right to cap the total amount of funding per applicant.			

Submission Checklist

- Letter from Nominator
- Letter from Coach
- Completed registration form for the camp/clinic
- Copy of Birth Certificate

Terms and Conditions

- The objective of this program is to provide financial assistance to athletes that exhibit high performance potential in their chosen sport and wish to receive additional skill specific training through a camp/clinic format.
- Camp/clinics can include, but are not limited to, hockey schools, figure skating schools, specialized training camps at universities, ski camps, pitching camps etc.
- All applications must be received on or before May 1st. To be eligible for financial assistance, all relevant sections must be completed. The application will be assessed using the information provided and athletes will be selected based on the quality of the submission. Incomplete or late applications will not be considered.
- Athletes must be 14 years of age or under as of January 1, 2010.
- Athletes must be a non smoker.
- Athletes must be a registered member of a Territorial Sport Organization (TSO).
- Athletes must be nominated by a TSO, Coach, RCMP Officer, Principal, Pastor, Recreation Coordinator, Teacher etc.
- Athletes must be a NWT resident and live in the NWT.
- Athletes must provide a written report to Sport North by October 1st about what was covered at the camp/clinic and how it benefited them.
- Parents/legal guardians are responsible to ensure their child is registered in the appropriate clinic/camp and that all necessary documentation has been provided to that camp/clinic. Sport North is not responsible to ensure athletes are registered in the clinic/camp.
- At the discretion of Sport North, funding may be provided directly to the camp/clinic, or the parents/legal guardians once appropriate receipts have been received.
- The information collected on the application form will be used by Sport North to assess your application for funding and to carry out functions relevant to the Rising Star Program. Sport North may wish to provide certain information to the media, Government of the Northwest Territories, Federal Government, TSOs and other agencies for promotional and funding purposes. The information will only include the applicant's full name, age, residence, sport, camp/clinic, amount of funding provided and information gathered from the athlete report.

Endorsement

I have read and agree to the Terms and Conditions outlined above, and certify that the information I have provided in the funding application is correct. My signature below signifies agreement to the Terms and Conditions of this offer.			
Parent/Guardian's Name:			
	Signature		Date m/d/y ___/___/___
Athlete Name			
	Signature		Date m/d/y ___/___/___
Nominator Name			
	Signature		Date m/d/y ___/___/___
Coach Name			
	Signature		Date m/d/y ___/___/___

Return application and required documents to Rita Bertolini via:

Email – rbertol@sportnorth.com

Mail – Box 11089, Yellowknife, NT, X1A 3X7

Fax – 867-669-8327

