



## ATHLETE ASSISTANCE APPLICATION FORM

DEADLINE TO APPLY IS OCTOBER 31, 2018

### A. IDENTIFICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City/Town: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Baseball Sask Active Member Club Team Registered with in 2018: \_\_\_\_\_

I played on the following Baseball Sask Team (Check One):

Canada Games  Western Canada Games  Canada Cup  Tournament 12

What year did you play on the team (s) above: \_\_\_\_\_

### B. STUDENT DECLARATION

I will be attending the following: Post Secondary \_\_\_\_\_ Secondary \_\_\_\_\_

Institution Name: \_\_\_\_\_

Dates Attending: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Registered as: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ in 2018 / 2019

Please state course load: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I am in receipt of the following bursaries/scholarships for the 2018/2019 Academic Year:

Granting Institution	Type of Aid	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**C. TRAINING & COMPETITION COSTS**

Training Costs	Amount
_____	_____
_____	_____
_____	_____

Competition Costs	Amount
_____	_____
_____	_____
_____	_____

Other Costs (i.e. tuition fees, etc.)	Amount
_____	_____
_____	_____
_____	_____

**D. ATHLETE DECLARATION**

I hereby declare that the above information to be the best of my knowledge is true and complete and in return for any assistance provided under the Athlete Assistance Program, I will undertake to fulfill training and competition expectations as outlined by my Provincial Sport Governing Body.

_____	_____
Applicant's Signature	Date

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**SUBMIT APPLICATION TO PROVINCIAL  
HEAD OFFICE:**

**BASEBALL SASK  
300-1734 ELPHINSTONE STREET  
REGINA, SK  
S4T 1K1**

[mike@baseballsask.ca](mailto:mike@baseballsask.ca)