



Support Programme to student/athletes pursuing Secondary/pre-vocational studies locally

Application Form for Assistance

PART 1:

1. Athlete’s Details

1.1. Name of Applicant: 2. Surname:

1.2. Date of birth: Age: Gender: ID No:

1.3. Residential Address:

1.4. Phone Number: Email Address:

1.5. Name of Sports Federation: Phone Number:

1.6. Email:

1.7. Details of Responsible Party

Father’s Name: ----- Occupation: -----

Mobile No: -----

Mother’s Name: ----- Occupation: -----

Mobile No: -----

2. Academic Details

2.1. School/ Institution attending: -----

2.2 Address of School/Institution: -----

2.3 Phone Number: ----- Email Address: -----

2.4 Grade: -----

2.5. Academic Results (Please attach official detailed results for school)

<i>Term/Year</i>	<i>Results (Tick as appropriate)</i>
<i>3rd Term</i>	<i>Passed/ Failed/ Repeat</i>
<i>1st Term</i>	<i>Passed/ Failed</i>
<i>2nd Term</i>	<i>Passed/ Failed</i>
<i>3rd Term</i>	<i>Passed/ Failed/ Repeat</i>

Part 2: Are you a beneficiary of any other financial assistance? (E.g. HLSU, FFPO*, Olympic Solidarity, other sources ...)

Yes No If the answer is yes, do complete the following section:

i. Name of body providing assistance: -----

ii. Monthly assistance/allowance: -----

iii. Period of assistance: -----

* HLSU – High Level Sports Unit
 * FFPO – Fonds Francophone pour Préparation Olympique

PART 3: Performance details

1. Place of training: -----

2. No. of training sessions per week: -----

3. Days and time of training: -----

4. Responsible coach: -----

5. Tel. number of coach: -----

6. Personal sports events

(a) -----

(b) -----

7. Personal Best Performance in the event(s) during the last 6 months at National Level

Event	Name of Competition	Performance recorded	Number of participants	Date	Age Category	Weight category, where applicable	Minima/Points achieved, where applicable

8. Personal Best Performance in the event(s) during the last 6 months at International Level

Event	Name of Competition	Performance recorded	Number of participants	Date	Age Category	Weight category, where applicable	Minima/Points achieved, where applicable

8.1 Ranking (To provide details of events, dates, age category, weight category, where applicable:

National Level:

Regional Level:
(Indian Ocean or Zonal)

African Level:

World Level:

9. Main target of the athlete

Year	Competition/s	Event/s	Performance Objective	Expected achievement in terms of medal target
20....				
20....				
20....				
20....				

I, the undersigned, declare that the information provided above are true and correct.

Name of Applicant: Signature: Date:

To be completed by applicant who is under the age of 18:

Name of Guardian/Responsible Party: Signature: Date:

TO BE COMPLETED BY FEDERATION

Recommendation (State the reasons for supporting the application or otherwise):

.....
.....

Name of signatory: Signature:

Position: Date: Seal of Federation

I, (*Name of signatory*) declare that the information provided above are true and correct.

OFFICE USE: Not Approved/Approved at Board Meeting of:

Authorised Signature: Position:

Date: Seal:

NOTE:

1. Athletes applying for a financial support would have to undergo a physical test designed by the TFES.
2. Applicants practising team sports will have to undergo skill tests designed by National Sports Federations as approved by the TFES.