



## THE FIELD HOCKEY BC FOUNDATION

[www.fhbcfoundation.com](http://www.fhbcfoundation.com)

### THE FHBC ATHLETE ASSISTANCE BURSARY

**PHILOSOPHY:**

The Field Hockey BC Athlete Assistance Bursary is designed to support both male and female athlete participation in the FHBC Regional Program (L2T/T2T/T2C). The Regional Program is the feeder program to Provincial Representation as a 'Team BC' athlete.

**DESCRIPTION:**

Awards of up to \$500 will be considered. However, should we receive multiple applications, smaller amounts may be awarded.

**PURPOSE:**

The Field Hockey BC Athlete Assistance Bursary is designed to provide financial assistance to encourage female and male athletes to continue their athletic development as part of the Field Hockey BC Regional Program.

**CRITERIA: The applicant must**

1. Be a member in Good Standing of Field Hockey BC
2. Have been selected to the Field Hockey BC Regional Athlete Program
3. Have completed the necessary enrollment within the Field Hockey BC Regional Athlete Program

**TIMELINES:**

Applications must be received by **March 27, 2019**; the Award recipient or recipients will be announced in April.

**APPLICATIONS SHOULD BE SENT TO:**

THE FIELD HOCKEY BC FOUNDATION  
RE: THE FHBC ATHLETE ASSISTANCE BURSARY  
202-210 WEST BROADWAY  
VANCOUVER, BC  
V5Y 3W2  
EMAIL: [INFO@FIELDHOCKEYBC.COM](mailto:INFO@FIELDHOCKEYBC.COM)  
FAX: 604-873-6488



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### THE FHBC ATHLETE ASSISTANCE BURSARY APPLICATION FORM

#### **PERSONAL DETAILS**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

#### **HISTORY/PARTICIPATION**

PLEASE LIST YOUR PAST/CURRENT FHBC REGIONAL/PROVINCIAL TEAMS:

TEAM: _____	YEAR: _____	RESERVE PLAYER? YES	NO
TEAM: _____	YEAR: _____	RESERVE PLAYER? YES	NO
TEAM: _____	YEAR: _____	RESERVE PLAYER? YES	NO
TEAM: _____	YEAR: _____	RESERVE PLAYER? YES	NO

ESTIMATED LEVY COST FOR THIS YEAR'S REGIONAL TEAM: \_\_\_\_\_

#### **REASONS FOR APPLICATION** (INCLUDING PERSONAL CIRCUMSTANCES AS APPROPRIATE)

PLEASE DESCRIBE WHY YOU CHOSE TO APPLY FOR THIS AWARD:

INTENDED USE OF FUNDS:

**REFERENCES**

REFERENCE: PLEASE LIST A PERSON WHO MAY BE CONTACTED TO SPEAK ON YOUR BEHALF

NAME: \_\_\_\_\_

RELATIONSHIP TO YOU: (ex: teacher/coach/mentor) \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_

DATE PROCESSED: \_\_\_\_\_

RESPONSE SENT DATE (AS APPROPRIATE): \_\_\_\_\_

AWARD ALLOCATED: Y / N

AMOUNT ALLOCATED: \$ \_\_\_\_\_