



CURL ATLANTIC – JOYCE MYERS TRUST FUND Scholarship Application

Curl Atlantic has implemented a scholarship to curlers who have enrolled full time in a post secondary institution. The intention of these awards is to allow talented athletes to devote primary sources of time and energy to training, rather than extensive employment in order to fund post-secondary education. Recipients will be expected to devote a full-time, shared commitment to sport and education exclusively. This award is not intended to reward past achievements but rather a means to pursue further achievements that surpass the current level of performance. Priority will be given to athletes attending Atlantic universities, colleges or vocational schools.

Please complete the following application and forward to the Executive Director of Curl Atlantic, Helen Radford (curlatlantic2001@gmail.com), by **May 30th, 2011**. Along with your application please include a copy of your university or high school transcript and one other letter of reference other than your coach. Disbursement of funds to the successful applicants should occur on October 1, 2011, upon receipt of enrolment confirmation.

General Information

Surname _____ First Name _____

Mailing Address (*Street/P.O. Box*) _____ (**Address to which correspondence should be sent**)

City/Town _____ Postal Code _____

Telephone: (H) _____ (W) _____ E-Mail Address: _____

Parents / Guardians Names _____

Telephone: (H) _____ (W) _____

Picture Enclosed (*please ensure name is printed on the back*)

Birth Date: _____ \ _____ \ _____ Male Female
Year Month Day

Educational Status: Not Attending School Post Secondary (*Year of Study* _____)

High School (*Present Grade* _____) Other

If Other, please specify: _____

Employment Status: Full-time Part-time Presently Unemployed Student

For Post Secondary Student Athletes Only

Name of Institution: _____

Faculty/Degree Program: _____ Major: _____

Full-time Student Part-time Student
Attending from: _____ \ _____ to _____ \ _____
Month Year Month Year

Athletic Performance

PROVINCIAL PERFORMANCE

EVENT	DATE	PLACING	# OF ENTRIES IN COMPETITION

NATIONAL PERFORMANCE

EVENT	DATE	PLACING	# OF ENTRIES IN COMPETITION

INTERNATIONAL PERFORMANCE

EVENT	DATE	PLACING	# OF ENTRIES IN COMPETITION

Performance Goals

(A) In the space provided, please describe your performance goals for the next 1 – 2 years.

(B) Please describe your competition, training and educational plans for the next 1 – 2 years that will enable you to achieve the goals you identified above.

Estimate of Training Costs (Sept. 2011-Sept. 2012)

Training Costs: (gym fees, personal trainer, special equipment, personal gym)

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

Competition Costs: (Travel, Hotel, Registration Fees, etc.)

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

Other Expenses: (equipment, tuition fees, additional living expenses, camps, etc.)

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

TOTAL \$ _____

* Attach additional information if necessary.

Present Funding Sources

Please list the sources of funding for your present training and competition costs including bursaries, scholarships, sponsorships, grants, remuneration or other financial assistance received for athletic or educational endeavours.

FUNDING SOURCE	DESCRIPTION	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Applicant's Signature _____ Date _____

Any Additional Comments: _____

References

(A) FOR COMPLETION BY COACH ONLY

Surname		Given Names	
Current Mailing Address (<i>Street/P.O. Box</i>)			
City/Town		Postal Code	
Telephone: (B) _____		(H) _____	
This will confirm that the applicant, _____, is presently training and competing in the sport of _____ under the guidance and training of the undersigned.			
Name		Sport	
Coach's Signature		Date	
Comments: _____ _____ _____			

(B) PLEASE ATTACH A LETTER OF REFERENCE FROM A PERSON OTHER THAN YOUR COACH.

(C) FOR COMPLETION BY PROVINCIAL SPORT ORGANIZATION ONLY

NAME OF PROVINCIAL SPORT ORGANIZATION: _____			
Date application received by Provincial Sport Organization: _____ \ _____ \ _____			
Year		Month	Day
Athlete's ranking for assistance within your sport: (i.e. first, second, third, etc): _____			
Male and female athletes must be ranked together.			
Signature of President, Provincial Sport Organization		Date	

Checklist

Ensure the following are completed before submitting your application:

- Picture enclosed
- Application signed
- Performance section completed
- Letter of Reference

Copy of Transcript

Coaches signature

