



Action Sport Physio Fund  
Bursary for athletes

**APPLICATION FORM**

Your contact information

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Last name and first name:	
Permanent address:	
City and province:	
Home phone number:	
Cell phone number:	
Date of birth:	
Gender (M or F):	
Email:	

Please include a picture of you:

Grade level this year:	
Are you part of a sports-study organisation?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If so, what is the organisation's name?	
What is your major?	
Have you ever received a bursary before?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If so, from where? Of which amount?	

Please include a copy of your latest report card:

Your 3 best results of this past year

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Name of the competition:	Name of the competition:	Name of the competition:
Where:	Where:	Where:
Date:	Date:	Date:
Rank:	Rank:	Rank:
Performance:	Performance:	Performance:
Number of participants:	Number of participants:	Number of participants:

List your short and long term goals

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Short term (1-2 years)	
Long term (3-5 years)	

Explain how the requested funds would be used

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Why should we give a bursary to you instead of someone else?

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I CERTIFY THAT THE INFORMATION PROVIDED IN THIS FORM IS TRUE  
AND CONSENT TO ITS DISCLOSURE.

Signature of athlete: \_\_\_\_\_

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

Signature of parent or guardian: \_\_\_\_\_

(mandatory for athletes under 14 years of age)

**You can choose to submit the completed documents in person or by mail to the Action Sport Physio clinic nearest you (see the list of clinics on our website), writing the title BURSARY FOR ATHLETES on your envelope.**

**Please note that the bursaries can be awarded in the form of cash and/or treatments. All regulations about the way the bursaries are given are at the clinic's discretion.**