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|  | **Representative Fund Application** |

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|  | |
| **Name:** |  |
|  | |
| **SNZ Membership Number:** |  |
|  | |
| **Postal Address:**  **(Please include Postcode)** |  |
|  | |
| **Email Address:** |  |
|  | |
| **Telephone Number:** |  |
|  | |
| **Mobile Number:** |  |
|  | |

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| **Reason for application** |
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| --- | --- | --- | --- |
| **Your Expenses** | | **Your Income** | |
| **Type of expense** | **$** | **Type of Income** | **$** |
| SNZ User Pay Costs |  | Prize money |  |
|  |  | Sponsorships/Grants |  |
|  |  | Other personal grants |  |
|  |  |  |  |
| **TOTAL** |  | **TOTAL** |  |

|  |  |
| --- | --- |
|  | |
| **Name of Bank:** |  |
|  | |
| **Bank Account Name:** |  |
|  | |
| **Bank Account Number:** |  |
| *If Grant is approved, payment will be made by direct credit* | |

**Please included copies of the following documents**

* SNZ Selection letter
* SNZ document detailing User Pay Costs

**Declaration**

I declare that the information supplied within this application form is factual. I agree to the Swimming Otago Board making any inquiries in respect of this application that it considers necessary. I agree that the decision of the Swimming Otago Board regarding this application shall be final and binding. I have completed this application form myself.

|  |  |
| --- | --- |
| **Applicant Signature:** |  |

|  |  |
| --- | --- |
| **Parent/Guardian Signature:**  ***Required if applicant is under the age of 18 years*** |  |

|  |  |
| --- | --- |
| **Date Signed:** |  |

**NOTES TO ASSIST COMPLETING THE APPLICATION:**

* The applications must be emailed to [soswimmingotago@gmail.com](mailto:soswimmingotago@gmail.com)
* A completed application is regarded as one that contains all the required information
* The provision of any misleading, incomplete or false information will result in ineligibility for future funding
* Applicants must complete the application forms (parents or coaches cannot carry this out on the athletes’ behalf)
* A parent or guardian is only required to sign the application for applicants under the age of 18
* Applications must be made on this form
* **Applications close each year on 30 May and 30 November at 5.00pm. Late applications will not be accepted.**

**Please ensure that the forms are legible if completing by hand. If the form is illegible this may lead to delays or mistakes in the processing of the application.**

|  |  |
| --- | --- |
| **FOR OFFICE USE ONLY** | |
| **Date Received:** |  |
|  | |
| **Approved / Declined Date:** |  |
|  | |
| **Notification to Applicant:** |  |
|  | |
| **Payment Amount:** |  |
|  | |
| **Payment Processed Date:** |  |
|  | |