

APPLICATION FOR FINANCIAL ASSISTANCE

For Swimmers, Coaches, and Officials qualifying to represent their Country at International level

					Application Ref Number - Committee use only					
Section A: APPLICANT DETAILS										
(to be comple										
Note: a mem		Applicati	ion Date							
behalf of a Coach or Official only										
Name										
	First Name	9			Surname					
Address										
Email				Phone						
Club				SNZ No						
Bank Acct										
	Bank Account Name Bank Account Number									
Section B: SWIMMING EVENT DETAILS										
(to be completed by Swimmer/Coach/Official)										
Event Details / Title										
Event Location										
	Event Date			т	ravel Date					
Note: applications must be submitted a minimum of 3 months prior to the event date										
Is funding available from any other source? Yes or No										
Have you obtained any other funding from any other source for this event ? Yes or No										
DECLARATION : I declare that the information provided above is correct. I agree to provide PSC evidence of my										
	expenses if requested and to advise PSC of any change in circumstance that would render this application									
	invalid (e.g. unable to attend) and to refund any financial assistance that has been paid to me.									
Signed						Date				
Section C: APPLICATION APPROVAL										
(to be completed by PSC President)										
	Approved		Approval Date			Appro	val Value \$			
Declined Signature:						Date:				
Declined Reason										