



## **ATHLETE ASSISTANCE**

Saskatchewan Cycling Association (SCA) believes in providing athletes with opportunities in the pursuit of excellence. Through the Saskatchewan Athlete Assistance Program, SCA will provide financial assistance to eligible cycling athletes.

The Saskatchewan Athlete Assistance Program will provide financial assistance to qualifying Elite and Development athletes who are enrolled and accepted to the SCA Provincial Program in Olympic disciplines, to assist with their training and competitive costs. Athletes can only receive Athlete Assistance funding for a maximum of four years in total.

Athlete applications are evaluated by Saskatchewan Cycling Association High Performance Committee and staff.

### **Evaluation Base:**

- a. Participation in SCA program activities including training camps in the 2016-17 season.
- b. Greatest achievement, performance at Canadian Nationals Championship and/or performance at SCA targeted races.

**Deadline to apply: April 13, 2017**

**Eligibility:**

Those who are eligible for SCA Athlete Assistance must be:

- a. a Canadian citizen or be of landed immigrant status, and a resident of Saskatchewan for at least one year prior to his/her date of nomination.
- b. 15-22 (under 23) years of age during the year of competition.
- c. Must be a member in good standing with SCA.
- d. Compete in a Canadian National Championship or SCA Provincials.
- e. Registered and accepted to SCA Provincial Program in Road, Track, MTB, or BMX discipline.

**In-eligible Athletes:**

Athletes who are Sport Canada Carded Athletes are NOT eligible for SCA Athlete Assistance.

Return completed Athlete Assistance Application Form to:

Saskatchewan Cycling Association  
2205 Victoria Avenue  
Regina, Saskatchewan  
Canada  
S4P 0S4

Attn, Sarah Honeysett, Executive Director: Re: Athlete Assistance

Or email to SCA at [cycling@accesscomm.ca](mailto:cycling@accesscomm.ca)  
with *Athlete Assistance* in the subject line

# ATHLETE ASSISTANCE APPLICATION FORM

DEADLINE TO APPLY IS March 30, 2017

2017 Provincial License #: \_\_\_\_\_

2017 UCI License #: \_\_\_\_\_

Race Category: Road \_\_\_\_\_ MTB \_\_\_\_\_ Track \_\_\_\_\_ BMX \_\_\_\_\_

Athlete Information			
First Name:		Middle Name:	Last Name:
Address:		City:	Postal Code:
Email:	Home #:	Cell #:	Work #:
DOB: ____ / ____ / ____ DD MM YYYY			
Emergency Contact	Name:	Relationship:	Phone #:
	Address:		

I will be attending the following: Post Secondary \_\_\_\_\_ Secondary \_\_\_\_\_

Institution Name: \_\_\_\_\_

Dates Attending: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Registered as: Full Time Part Time in 2016 / 2017 \_\_\_\_\_

Please state course load: \_\_\_\_\_

If not attending school, what are you doing? \_\_\_\_\_

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