



Saskatchewan Amateur Wrestling Association
 510 Cynthia Street, Saskatoon, Saskatchewan S7L 7K7
 Phone: (306) 975-0822 Fax: (306) 242-8007
 Email: sk.wrestling@shaw.ca

ATHLETE ASSISTANCE APPLICATION

Name: _____

Address: _____ City: _____

Postal Code: _____

Phone: _____ Birth date: _____

STUDENT DECLARATION

I will be attending the following Institution for the current academic/wrestling season:

Institution Name: _____

Address: _____ City: _____

Attendance Dates: To: _____ From: _____

College/Faculty or Course of Study: _____

I will be registered as a ___ full-time ___ part-time student.

Please state Course Load (i.e. credit units): _____

I will receive the following financial assistance for the current academic/wrestling season:

Grant Institution	Type of Aid	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____



TRAINING AND COMPETITION COSTS

Training Costs	Type of Aid	Amount
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_____	_____	_____
_____	_____	_____

Competition Costs	Type of Aid	Amount
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Costs (i.e. Tuition fees, lost wages.)	Type of Aid	Amount
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_____	_____	_____
_____	_____	_____
_____	_____	_____

ATHLETE'S DECLARATION

I hereby declare that the above information, to the best of my knowledge, is true and complete, and that in return for any assistance provided under the Athlete Assistance Program, I will undertake to fulfill training and competition expectations as outlined by SAWA.

Applicant's Signature

Date

NOTE: A copy of your university confirmation of enrolment and proof of participation in two carding tournaments before Christmas are mandatory for your first carding payment