



**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
_____	_____	_____
_____	_____	_____

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

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

**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**