



THE FIELD HOCKEY BC FOUNDATION

www.fhbcfoundation.com

THE FHBC ATHLETE ASSISTANCE BURSARY

PHILOSOPHY:

The Field Hockey BC Athlete Assistance Bursary is designed to support both male and female athlete participation in FHBC Regional Programming. FHBC Regional Programs allow for athletes to train in their local region whilst developing their field hockey skills. Included within Regional Programming is the FHBC Technical Development Program, the FHBC Elite Program, the FHBC Talent Identification Program, and the FHBC Regional Representative Team Program.

DESCRIPTION:

Awards of up to \$500 will be considered. However, should we receive multiple applications, smaller amounts may be awarded.

PURPOSE:

The Field Hockey BC Athlete Assistance Bursary is designed to provide financial assistance to encourage female and male athletes to continue their athletic development as part of the Field Hockey BC Regional Program.

CRITERIA: The applicant must

1. Be a member in Good Standing of Field Hockey BC
2. Have been selected to the Field Hockey BC Regional Athlete Program
3. Have completed the necessary enrollment within the Field Hockey BC Regional Athlete Program

TIMELINES:

Applications must be received by **July 29, 2022**; the Award recipient or recipients will be announced in August.

APPLICATIONS SHOULD BE SENT TO:

THE FIELD HOCKEY BC FOUNDATION
RE: PAT HALL OFFICIALS DEVELOPMENT AWARD
SUITE 101, 7455 132nd STREET
SURREY, BC
V3W 1J8
EMAIL: INFO@FIELDHOCKEYBC.COM
FAX: 604-873-6488



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THE FHBC ATHLETE ASSISTANCE BURSARY APPLICATION FORM

PERSONAL DETAILS

NAME: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____ HOME PHONE: _____

E-MAIL: _____

HISTORY/PARTICIPATION

PLEASE LIST YOUR PAST/CURRENT FHBC REGIONAL/PROVINCIAL TEAMS:

TEAM: _____	YEAR: _____	RESERVE PLAYER? YES	<input type="radio"/>	NO	<input type="radio"/>
TEAM: _____	YEAR: _____	RESERVE PLAYER? YES	<input type="radio"/>	NO	<input type="radio"/>
TEAM: _____	YEAR: _____	RESERVE PLAYER? YES	<input type="radio"/>	NO	<input type="radio"/>
TEAM: _____	YEAR: _____	RESERVE PLAYER? YES	<input type="radio"/>	NO	<input type="radio"/>

ESTIMATED LEVY COST FOR THIS YEAR'S REGIONAL TEAM: _____

REASONS FOR APPLICATION (INCLUDING PERSONAL CIRCUMSTANCES AS APPROPRIATE)

PLEASE DESCRIBE WHY YOU CHOSE TO APPLY FOR THIS AWARD:

INTENDED USE OF FUNDS:

REFERENCES

REFERENCE: PLEASE LIST A PERSON WHO MAY BE CONTACTED TO SPEAK ON YOUR BEHALF

NAME: _____

RELATIONSHIP TO YOU: (ex: teacher/coach/mentor) _____

EMAIL: _____ PHONE: _____

OFFICE USE ONLY

DATE RECEIVED: _____

DATE PROCESSED: _____

RESPONSE SENT DATE (AS APPROPRIATE): _____

AWARD ALLOCATED: Y / N

AMOUNT ALLOCATED: \$ _____