



Canadian
Heritage
Sport Canada

Patrimoine
canadien

Canada



Sport Canada Athlete Assistance Program

Application for Financial Support

Name: _____

Sport: _____



AAP PAYMENTS WILL NOT BE PROCESSED WITHOUT A FULLY COMPLETED AND SIGNED APPLICATION FORM

Completion of this application form does not guarantee that you will be carded. You must meet all other Athlete Assistance Program (AAP) and National Sport Organisation (NSO) eligibility requirements, be nominated by your NSO and be approved by Sport Canada during the annual AAP review process.

THE PRIVACY ACT PROTECTS THE PERSONAL INFORMATION PROVIDED HEREIN.
Sport Canada maintains your personal information in Personal Information Bank PCH PPU 220.

Purpose of the Athlete Assistance Program

The AAP recognizes the commitment athletes make to long-term training and competition programs and seeks to relieve some of the financial pressures associated with participation in international sport. In particular, the AAP provides direct financial support to Canadian high-performance athletes.

AAP financial support is subject to your availability and eligibility to represent Canada in major international competitions, including World Championships, Olympic Games or Paralympic Games. This includes participation in all NSO designated selection and qualification processes for any upcoming World Championships, Olympic Games or Paralympic Games. You must also sign and adhere to your Athlete/NSO Agreement.

Personal Information:

| | | | | | | |
|---------------------------------------|---------------------------------------|-------------|----------------|---------------------------------------|--|--|
| Surname | | Given Names | | Date of Birth D M Y _____ | | |
| Home phone (_____) _____ - _____ | Cell phone (_____) _____ - _____ | | E-Mail address | | | |

Mailing Address Information:

| | | | | | |
|------|--|----------------|--|-----------|-----------------|
| No. | | Street | | Suite/Apt | |
| City | | Province/State | | Country | Postal Code/Zip |

DIRECT DEPOSIT

Direct Deposit is now MANDATORY. Read instructions carefully as direct deposit cannot be activated until the test procedures have been successfully completed.

If AAP direct deposit is in place and your banking information has not changed, you do not need to complete this section.

I authorize the Receiver General for Canada to deposit the payment(s) to my account at the

(Name of financial institution)

for which I am attaching an original "Void" cheque or original bank document. Initials _____

INSTRUCTIONS:

To apply for Direct Deposit of AAP payments, you must have a personal Canadian bank account. PLEASE NOTE THAT AAP DOES NOT ACCEPT DIRECT DEPOSIT TO A 3rd PARTY'S ACCOUNT.

It is important to know that a test deposit of \$2.01 will be made and the AAP will need your confirmation that the test deposit was received before any AAP payment can be deposited to your account.

1. Attach an original "void" cheque, or an original stamped Bank document to this completed application form;
2. An email will be sent to inform you that the \$2.01 test deposit was processed, and to ask you to confirm receipt of the test deposit. When you notice the \$2.01 deposit in your account, you must then notify the Athlete Assistance Program at the following email address. aap@pch.gc.ca

Direct Deposit payments will NOT be activated until we receive your confirmation.

Information for Statistical Purposes:

| | | | | |
|---|--|--|---|---|
| Citizenship: | | D | M | Y |
| Canadian <input type="checkbox"/> | | <input type="checkbox"/> Permanent Resident, since _____ | | |
| Gender: | | Marital Status: | | |
| Male <input type="checkbox"/> Female <input type="checkbox"/> | | Single <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> | | |
| Demographic Information (Optional): Aboriginal <input type="checkbox"/> Visible Minority <input type="checkbox"/> | | | | |
| Number of children under the age of 18: | | | | |
| Province of birth (or if not born in Canada, province lived in when first arrived in Canada): | | | | |
| City/Town of birth (or if not born in Canada, City/Town lived in when first arrived in Canada): | | | | |
| First Official Language: English <input type="checkbox"/> French <input type="checkbox"/> - I request that all correspondence be sent in: English <input type="checkbox"/> French <input type="checkbox"/> | | | | |
| Bilingual (Eng/Fr): No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| Employment Status: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Employed <input type="checkbox"/> | | | | |

Education Information:

| | | | |
|--|-------------------------------------|-------------------------------------|------------------------------------|
| High School Graduation Year _____ | | | |
| Are you receiving an NCAA Athletic Scholarship?: No <input type="checkbox"/> Yes <input type="checkbox"/> Name of School: _____ | | | |
| Will you be attending school at a post secondary institution during the current carding cycle? | | | |
| No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, please provide information below | | | |
| College <input type="checkbox"/> | C.É.G.E.P. <input type="checkbox"/> | University <input type="checkbox"/> | Other <input type="checkbox"/> |
| Summer | Year 20 _____ | Part Time <input type="checkbox"/> | Full Time <input type="checkbox"/> |
| Fall | Year 20 _____ | Part Time <input type="checkbox"/> | Full Time <input type="checkbox"/> |
| Winter | Year 20 _____ | Part Time <input type="checkbox"/> | Full Time <input type="checkbox"/> |
| Spring | Year 20 _____ | Part Time <input type="checkbox"/> | Full Time <input type="checkbox"/> |

Parents/Guardians Information: Mandatory if under 18 years of age

| | | | | |
|------------------------------------|------------------------------------|----------------|-----------|-----------------|
| Surname | | Given Names | | |
| No. | Street | | Suite/Apt | |
| City | | Province/State | Country | Postal Code/Zip |
| Home phone (____) _____ - _____ | Cell phone (____) _____ - _____ | E-Mail address | | |

| Training Information: | | |
|--|--------------------|----------------|
| Primary Coach Name: | | |
| Surname | Given Names | |
| Phone(s) (____) ____ - ____ | (____) ____ - ____ | E-Mail address |
| Primary Training location: | | |
| Name of Club, University, etc. | | |
| City | Province/State | Country |
| Canadian Sport Centre/Institute: | | |
| Atlantic <input type="checkbox"/> / Calgary <input type="checkbox"/> / Quebec <input type="checkbox"/> / Ontario <input type="checkbox"/> / Saskatchewan <input type="checkbox"/> / Pacific <input type="checkbox"/> / Winnipeg <input type="checkbox"/> | | |
| Not currently receiving service from a Canadian Sport Centre/Institute <input type="checkbox"/> | | |

| AUTHORIZATION: | YES | NO |
|---|--------------------------|--------------------------|
| Do you consent to Sport Canada's disclosure of your personal information to organizations providing services to athletes, including the Canadian Olympic Committee, the Canadian Paralympic Committee, the Canadian Sport Centres, the Canadian Centre for Ethics in Sport and Provincial Government Sport Branches? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you consent to Sport Canada's disclosure of your personal information with your Member of Parliament for the purpose of recognizing and promoting the achievements of Canada's high performance athletes in their constituency? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you authorize the unrestricted non-commercial use and publication by Sport Canada of your name and sport persona photographic likeness, without charge, in all forms and media (e.g. promotional materials, broadcasts, press releases and other communications and publications issued by Sport Canada, including publication on Sport Canada's website) for the purpose of promoting its programs? | <input type="checkbox"/> | <input type="checkbox"/> |
| Your photographic likeness may constitute personal information within the meaning of the Privacy Act. Do you consent to its disclosure by Sport Canada? | <input type="checkbox"/> | <input type="checkbox"/> |

IMPORTANT NOTICE

Annually, all carded athletes are required to complete the CCES's True Sport Clean 101 and the Sport Canada – Athlete Assistance Program on line courses prior to their AAP payments being processed.


You will receive an e-mail from the Athlete Assistance Program inviting you to complete these courses and providing instructions on how to do so.

SIGNATURE (S)

I hereby declare that I have read and understand all the information in this document, and to the best of my knowledge, the above information is true and complete. If I am granted any financial support provided under the Sport Canada Athlete Assistance Program, I undertake to fulfill all commitments outlined in the Athlete Assistance Program Policies and Procedures and my Athlete/NSO Agreement and agree to refund any AAP financial support received, payable to the Receiver General for Canada, should my carding eligibility status change or my carding status be withdrawn effective the withdrawal/change of status date.

 Athlete's Signature _____ Date _____

If the athlete is under the age of 18 years, this Application Form requires the approval and signature of the Parent or Guardian

 Parent/Guardian's Signature _____ Date _____

IF YOU ARE A CURRENT OR FORMER FEDERAL GOVERNMENT EMPLOYEE:

I acknowledge that I am subject to the Values and Ethics Code for the Public Service.

 Athlete's Signature _____ Date _____