



2009/10 ACTAS CYCLING PROGRAM

SCHOLARSHIP APPLICATION FORM

CLOSING DATE: WEDNESDAY 25th MARCH 2009.

LATE APPLICATIONS WILL NOT BE ACCEPTED

SELECTION CRITERIA CAN BE FOUND ON THE ACTAS, ACTCF, CORC & BMXACT WEBSITES

(NOTE :Current ACTAS Scholarship holders WILL need to apply by completing page 1 of the application form as you will be required to indicate which level of support you are seeking.)

FOR ALL OTHERS PLEASE COMPLETE ALL SECTIONS IN FULL.

PERSONAL DETAILS

Name: _____

Address: _____

Post Code: _____

Phone (H): _____
_____Phone (W): _____
_____Phone (M): _____

Email: _____

Discipline: _____

Age: _____ DOB: _____

Occupation/Study: _____
_____**COACH DETAILS**

Coach Name: _____

Phone (H): _____

Phone (W): _____

Phone (M): _____

Email: _____

OFFICE USE ONLY

Aust Rank: _____

Int'l Rank: _____

Applic No.: _____

Date Received: / /

Date Acknowledged: / /

LEVEL OF SUPPORT

(please tick either EDS or AM box to indicate which level of support you require)

EDS AM

PERFORMANCE AND REPRESENTATIVE DETAILS

Have you represented the ACT or Australia in the past three years? (Please tick)

ACT Junior ACT Senior Australian Junior Australian Senior Other

List your performances in all major competitive events attended during the past 12 months. Particular emphasis should be placed on performances at State, National and International events. Please indicate whether in any of these performances you achieved a personal best.

* Please rank in order what you consider to be your best performance (1-5, 1 being your best.)

DATE	COMPETITION & LOCATION	EVENT	NO. PARTICIPANTS COMPETING	NO. COUNTRIES COMPETING	PLACING	CATEGORY DIVISION	TIME/ SCORE/ DISTANCE etc	BEST * PERFORMANCE

RANKINGS

Have you gained an Australian or International ranking?

No Please proceed to next section Yes Please fill in the table below

LEVEL	CATEGORY (eg Open, U19)	EVENT	RANKING		
			2008	2007	2006
Australian					
Australian					
Australian					
International					
International					
International					

Please provide the name of the National Association with whom the ranking/s can be verified:

Association Name: _____

Address: _____

_____ Postcode: _____

Phone (Bh): _____ Fax: _____

PAST, CURRENT AND FUTURE COMPETITION GOALS

- GOALS FOR THE PAST SEASON

What were your competition goals for the 2008/9 competition season/s? Did you achieve these goals or are you on target to achieve them? Please explain why.

ANNUAL PLAN

Athletes are requested to attach an Annual Plan outlining their proposed training and competition program for the coming year.

COMPETITION AND EVENTS:

Date	Competition	Event	Location

TRAINING SCHEDULE:

(Outline your training schedule including no. of training sessions per week, type of training etc)

COMPETITION/TRAINING GOALS FOR 2008/09 season/s:

COMPETITION/TRAINING GOALS FOR NEXT 3 YEARS:

INJURY/ILLNESS

Did you suffer any major injuries or illness that prevented you from training/competing in 2007/08? If so, please provide the following details.

Nature of illness/injury	Treatment Received	Period of time off full training/competition	Current status of injury/illness

DECLARATION

I, _____
(Name of Applicant)

of _____
(Address)

certify that all information in this application and in any attachments is true and correct.

SIGNED _____ DATE _____

Please submit signed application forms to:

Andrew Stainlay – andrew.stainlay@act.gov.au
Program Manager - Cycling

Or by mail:
ACT Academy of Sport
PO Box 90
Belconnen, ACT 2616

in person to:
ACT Academy of Sport
The Cottage (Building
X) CIT, Bruce Campus
BRUCE, ACT