



UNIVERSITY SPORT FUNDING APPLICATION FORM

SECTION A - TO BE COMPLETED BY THE UNIVERSITY (one application per CIS sport)

University Name: _____

Contact Person: _____ Position: _____

Phone: _____ Email: _____

Sport: _____

Academic Year: _____

University Athletic Assistance:

Eligible University Athletic Assistance Grant: \$ _____

Eligible CIS Roster Size: _____ Gender: # Female _____ # Male _____

Application Requirements (please attach the following):

- Team schedule(s) for competitions;
- A detailed budget for each sport.

PSGB Student-Athlete Awards:

Eligible PSGB Student-Athlete Award Grant: \$ _____

Anticipated Roster Size: _____ Gender: # Female _____ # Male _____

This application is an accurate representation of the program and budget requirements for this sport.

University Dean Signature

Date

SECTION B - TO BE COMPLETED BY THE PROVINCIAL SPORT GOVERNING BODY

PSGB Name: _____

Contact Person: _____ Position: _____

Phone: _____ Email: _____

On behalf of our organization, I hereby accept and endorse the application.

PSGB Signing Authority

Date