



# CITY OF WELLAND

## Travel Assistance Grant

### *Application Form*

#### **Application Criteria**

1. Competitor / Team must have qualified for the event. Attach proof of qualification to the application. (NOTE: Individual team members will not be considered).
2. Applicant(s) must be resident(s) of Welland and 18 years of age or younger. There is no age restriction for Special Olympics athletes.
3. Travel to site of competition must exceed 100 kilometres one way.
4. Individual or Group must show an indication of other fundraising efforts made.

The following is a breakdown of the amounts that may be distributed by the General Manager, Corporate Services without Council approval based on requests that qualify:

a) Provincial Competitions:

Individuals - maximum \$100

Team - maximum \$30 per competitor to a maximum of \$500

b) National Competitions:

Individuals - maximum \$125

Team - maximum \$30 per competitor to a maximum of \$750

c) International Competitions:

Individuals - maximum \$150

Team - maximum \$50 per competitor to a maximum of \$1,000

#### **Athlete Personal Information**

Individual      Date of birth \_\_\_\_\_ Team      (attach list of team members and dates of birth)

yyyy/mm/dd

Special Olympics Athlete?    YES      NO

Name of Athlete or Team \_\_\_\_\_

Contact Person (if Team) \_\_\_\_\_

First Name

Last Name

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone # \_\_\_\_\_

Daytime

Evening

reverse...

**Additional Information**

Resident of Welland	Non-Resident	Team based in Welland	YES	NO
Name of School presently attending (if applicable) _____				
Other sources of funding	YES	NO	Explanation: _____	
List Fundraising efforts: _____				
_____				
_____				
<b>Sport Governing Body for your activity:</b>				
Name _____				
Address _____ City _____ Postal Code _____				

**Competition Details**

Name _____	Location _____
# of Kilometers from Welland _____ (must exceed 100 km one way)	
Dates of Competition _____	
Estimated cost of your or Team’s participation _____	
How will the City of Welland’s assistance be recognized? _____	
_____	

X \_\_\_\_\_  
Signature of Applicant Date

**PLEASE SUBMIT THE COMPLETED FORM  
6 WEEKS PRIOR TO THE EVENT/COMPETITION:**

By Email to: [ar@welland.ca](mailto:ar@welland.ca)  
or Mail to: Steve Zorbas, CPA, CMA, B.Comm, DPA,  
General Manager, Corporate Services, Chief Financial Officer/Treasurer  
60 East Main Street, Welland, Ontario L3B 3X4  
Phone: (905) 735-1700 Ext. 2170  
Fax: (905) 732-1919

<b>FOR OFFICE USE ONLY</b>	
Date Received _____	Date Reviewed _____
Assistance Granted	YES <input type="checkbox"/> NO <input type="checkbox"/> Authorization _____
TOTAL AMOUNT OF ASSISTANCE PROVIDED \$ _____	
Recipient Contacted _____	Initial <input type="text"/>
Date	