



## PERSONAL DATA

<b>First Name</b>		<b>Middle Name/Initial</b>		<b>Surname</b>	
<b>Date of Birth DD/MM/YYYY</b>		<b>Current Age</b>		<b>National Insurance No.</b>	
<b>Place of Birth</b>			<b>Nationality</b>		
<b>Mother's Name</b>			<b>Father's Name</b>		
<b>Home Address</b>			<b>Home Address</b>		
<b>Postal Address</b>			<b>Postal Address</b>		
<b>E-mail Address</b>			<b>E-mail Address</b>		
<b>Home Phone</b>		<b>Cell Phone</b>		<b>Home Phone</b>	
<b>Home Phone</b>		<b>Cell Phone</b>		<b>Cell Phone</b>	
<b>Place of Employment</b>			<b>Place of Employment</b>		
<b>Work phone</b>			<b>Work phone</b>		
<b>Emergency Contact:</b>			<b>Medical</b>		
Name:				<b>Are there an known medical conditions that the child has which may potentially require medical intervention: Yes / No (circle) If yes, please complete our Medical Form</b>	
Relationship:					
Cell:	Work:				

## FINANCIAL TRANSCRIPT

<b>Mother's Wages/Salary:</b> Amount: \$ Circle: weekly / monthly	<b>Father's Wages/Salary:</b> Amount: \$ Circle: weekly / monthly	<b>Other Source of Support:</b> Amount: \$ Circle: weekly / monthly
<b>Is either parent ill?</b>	Y/N	<b>Does a guardian or person other than parent provide support? Y/N</b> If yes: Name: Relationship
<b>Is either parent disabled?</b>	Y/N	
<b>Is either parent deceased?</b>	Y/N	
<b>Is either parent unemployed?</b>	Y/N	
<b>Is either parent currently serving time in prison?</b>	Y/N	

Please Tick as applicable day(s) for classes:

Monday
  Tuesday
  Wednesday
  Thursday
  Friday
  Saturday

I attest that all of the information provided below is accurate to the best of my knowledge and belief. I agree to ensure that my child attends training sessions on time and fully with my support if selected for the scholarship.

Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ESSAY TITLE: WHY I WANT TO BECOME A GYMNAST**  
**(One paragraph – not to exceed 75 words)**

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**SCHOOL RECOMMENDATION**

<p><b>Past academic year:</b>                      <b>School(s)</b></p> <p><b>New Academic year:</b></p>	<p align="center"><b>Last grade completed:</b></p> <p align="center">GPA past year: _____</p> <p align="center">GPA current year: _____</p>
<p><b>School's Principal/Guidance Counsellor:</b>  <b>Student maintains academic standard and is recommended for scholarship</b>  <b>Signature:</b></p>	<p><b>School's Physical Education Teacher:</b>  <b>Student shows high level of interest in sport and demonstrates good work ethic.</b>  <b>Signature:</b></p>

**FOR SELECTION COMMITTEE USE**

<b>Recommended:</b>	<b>Rejected:</b>	<b>Deferred:</b>
Notification Letter sent:	Notification Letter sent:	Notification Letter sent: