## The Dr. Jeno Tihanyi Memorial Bursary Application Form

SWIMMER'S NAME:

## ADDRESS:

POSTAL CODE:
EMAIL ADDRESS:
TELEPHONE:
DATE OF BIRTH:
DAY/MONTH/YEAR
COACH'S NAME:

ADDRESS:
POSTAL CODE:
TELEPHONE:
EMAIL ADDRESS:
DATE OF BIRTH:
DAY/MONTH/YEAR

## Swimming Data

| ENTER YOUR BEST |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | ON TRACK |  |  | NATIONAL |
| EVENT | AGE | TIME | TRACK 1 | TRACK 2 | TRACK 3 | $\begin{gathered} \text { SINGLE } \\ \text { AGE } \\ \hline \end{gathered}$ |
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## Coaching Data

LEVEL CURRENTLY CERTIFIED AT:
NUMBER OF YEARS COACHING SWIMMER CO-APPLICANT:

## Additional Information - Required

I) ATTACH A BRIEF LETTER DESCRIBING ASPECTS OF THE COACH-ATHLETE RELATIONSHIP; AND ACTIVITIES UNDERTAKEN WHICH DEMONSTRATE CREATIVITY, INITIATIVE OR LEADING EDGE/INDEPENDENT THINKING.
II) DESCRIBE WHY YOUR SWIMMER-COACH PARTNERSHIP WOULD BE DESERVING RECIPIENTS FOR THE DR. JENO TIHANYI AWARD.

## SWIMMING <br> CANADA <br> NATATION

III) DESCRIBE SOME SPECFIC ACTIVITIES AND/OR PROJECTS THAT THIS AWARD WOULD FUND. THESE COULD BE COACH SPECIAL EDUCATION (IE NOT SIMPLY A CONFERENCE FEE), COACH VISITATION, OR JOINT COACHATHLETE ACTIVITIES.
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## Optional Information

I) YOU MAY ATTACH UP TO TWO REFERENCE LETTERS.

## Swimmer Educational \& Financial Data

HIGH SCHOOL

YEAR COMPLETED

WILL YOU BE LIVING AT HOME THIS WINTER SEASON?


ARE YOU RECEIVING CARDING? $\square$ PROVINCIAL $\square$ FEDERAL

HOW MUCH \$

## Signature of Applicants

WE HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CONSENT TO THE PUBLICATION OF OUR NAMES AS RECIPIENTS SHOULD WE BE GRANTED THE AWARD.

## SWIMMER

SWIMMER PARENT (TO BE SIGNED IN ADDITION TO SWIMMER IF SWIMMER IS A MINOR)

COACH

DATE
the award committee will treat the information contained in THIS APPLICATION AS CONFIDENTIAL.

FORWARD COMPLETED APPLICATION BY OCTOBER 15 TO:
THE DR. JENO TIHANYI MEMORIAL BURSARY COMMITTEE C/O SWIMMING CANADA 307 GILMOUR ST OTTAWA (ONTARIO) K2P 0P7

Fax: 613-260-0804
Email: natloffice@swimming.ca
Contact Person: Katie Callon, 613-260-1348, ext. 2000

