



The Dr. Jeno Tihanyi Memorial Bursary Application Form

SWIMMER'S NAME:	
ADDRESS:	
POSTAL CODE:	TELEPHONE:
EMAIL ADDRESS:	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						
	ENT AGE TIME		ON TRACK			NATIONAL
EVENT		TIME	TRACK 1	TRACK 2	TRACK 3	RANKING SINGLE AGE





	Coaching Data
LEVE	EL CURRENTLY CERTIFIED AT:
NUM	BER 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.





II	II) 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 COACH- ATHLETE ACTIVITIES.

Optional Information

I) YOU MAY ATTACH UP TO TWO REFERENCE LETTERS.





Swimmer Educational & Financial Data

HIGH SCHOOL	COLLEGE	UNIVERSITY	OTHER
YEAR COMPLETED			
WILL YOU BE LIVING A ARE YOU RECEIVING C HOW MUCH \$		EASON? YES	□ NO
	Signature of	Applicants	
WE HEREBY CERTIFY IS TRUE AND CONSEN SHOULD WE BE GRAN	IT TO THE PUBLICAT		
SWIMMER			
SWIMMER PARENT (TO	BE SIGNED IN ADDIT	TION TO SWIMMER IF S	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