



Canadian Heritage
Patrimoine canadien
Sport Canada

Canada



Sport Canada Athlete Assistance Program

Application for Financial Support

Name :

Sport Program:

Privacy Notice

The collection of personal information is authorized by [paragraph 5 \(j\) of the Physical Activity and Sport Act](#) and is required to determine your eligibility for the Athlete Assistance Program. Collection and use of this personal information are in accordance with the [Privacy Act](#). The personal information collected is described in Personal Information Bank [PCH PPU-220 – Athlete Assistance Program](#) and will be retained for 15 years in hard copy and indefinitely in electronic format. Your application will not be considered if you do not provide the requested personal information. Under the [Privacy Act](#) you have the right of access to, and correction of, your personal information. To exercise either of these rights, contact Canadian Heritage's ATIP Coordinator by email at aiprp-atip@pch.gc.ca. If you are not satisfied with Canadian Heritage's response to your privacy concern, you may wish to contact the [Office of the Privacy Commissioner of Canada](#) by telephone at 1-800-282-1376.



DIRECT DEPOSIT

Direct Deposit is now MANDATORY. Read instructions carefully as direct deposit cannot be activated until the test procedures have been successfully completed.

If AAP direct deposit is in place and your banking information has not changed, you do not need to complete this section.

I authorize the Receiver General for Canada to deposit the payment(s) to my account at the

(Name of financial institution)

For which I am attaching a scan/photo of a "VOID" cheque or an original verified bank document. Initials _____

INSTRUCTIONS

To setup the Direct Deposit, you must have a personal Canadian bank account.

PLEASE NOTE THAT WE CAN'T DEPOSIT TO 3rd PARTY'S ACCOUNTS, ATHLETES UNDER 18 INCLUDED. A test deposit of \$2.01 will be made and the AAP will need your confirmation that it was received before any AAP payment can be deposited to your account. Please ensure to attach a scan or photo of a "void" cheque, or a verified (stamped) Bank document to this completed application form.

An email will be sent to inform you when the \$2.01 test deposit will be processed. You'll then simply need to verify your account and reply to confirm that the test was successful. **Payments will NOT be activated until we receive your confirmation.**

Personal Information & Mailing Address Information

Name		Given name(s)	
Number	Street	Suite/Apt.	
City	Province/State	Country	Postal Code/Zip
Email Address			
Home Phone No	Cell Phone No	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (DD/MM/YYYY)

Information for Statistical Purposes

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer
Number of children under the age of 18 :
I request that all correspondence be sent in <input type="checkbox"/> English <input type="checkbox"/> French
City and Province of birth (Or if not born in Canada, City and Province lived in when first arrived)
High School Graduation Year
Are you receiving an NCAA athletic scholarship (NCAA)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Citizenship <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident since (DD/MM/YYYY) _____
Demographic information <input type="checkbox"/> Indigenous <input type="checkbox"/> Visible Minority

Parents/Guardians Information: Mandatory if under 18 years of age

Name		Given Name(s)	
Number	Street		Suite/Apt.
City	Province/State	Country	Postal Code/Zip
Email address			

Training Information

Primary Coach	
Name	Given Name(s)

Canadian Sport Centre/Institute

Atlantic
 Calgary
 Ontario
 Pacific
 Quebec
 Saskatchewan
 Winnipeg

Not currently receiving service from a Canadian Sport Centre/Institute

Purpose of the Athlete Assistance Program

The AAP recognizes the commitment athletes make to long-term training and competition programs and seeks to relieve some of the financial pressures associated with participation in international sport. In particular, the AAP provides direct financial support to Canadian high-performance athletes.

AAP financial support is subject to your availability and eligibility to represent Canada in major international competitions, including World Championships, Olympic Games or Paralympic Games. This includes participation in all NSO designated selection and qualification processes for any upcoming World Championships, Olympic Games or Paralympic Games. You must also sign and adhere to your Athlete/NSO Agreement. .

Eligibility

Completion of this application form does not guarantee that you will be carded. You must meet all other Athlete Assistance Program (AAP) and National Sport Organisation (NSO) eligibility requirements, be nominated by your NSO and be approved by Sport Canada during the annual AAP review process.

IMPORTANT NOTICE

Annually, all carded athletes are required to complete the CCES's True Sport Clean 101 and the Sport Canada – Athlete Assistance Program online courses prior to their AAP payments being processed.

You will receive an e-mail from the Athlete Assistance Program inviting you to complete these courses and providing instructions on how to do so.

AUTHORIZATION **YES / NO**

Do you consent to Sport Canada's disclosure of your personal information with your Member of Parliament for the purpose of recognizing and promoting the achievements of Canada's high performance athletes in their constituency?	<input type="checkbox"/> <input type="checkbox"/>
Do you authorize the unrestricted non-commercial use and publication by Sport Canada of your name and sport persona photographic likeness, without charge, in all forms and media (e.g. promotional materials, broadcasts, press releases and other communications and publications issued by Sport Canada, including publication on Sport Canada's website) for the purpose of promoting its programs?	<input type="checkbox"/> <input type="checkbox"/>
Your photographic likeness may constitute personal information within the meaning of the Privacy Act. Do you consent to its disclosure by Sport Canada?	<input type="checkbox"/> <input type="checkbox"/>

SIGNATURE (S)

I hereby declare that I have read and understand all the information in this document, and to the best of my knowledge, the above information is true and complete. If I am granted any financial support provided under the Sport Canada Athlete Assistance Program, I undertake to fulfill all commitments outlined in the Athlete Assistance Program Policies and Procedures and my Athlete/NSO Agreement and agree to refund any AAP financial support received, payable to the Receiver General for Canada, should my carding eligibility status change or my carding status be withdrawn effective the withdrawal/change of status date.

I ACCEPT AAP FINANCIAL SUPPORT

I DECLINE AAP FINANCIAL SUPPORT

I AM DECLINING AAP financial support with the understanding that this financial support will be reallocated to another athlete within my sport who qualifies for AAP support.

Athlete's Signature _____ Date _____

If the athlete is under the age of 18 years, this Application Form must also be approved and signed by the Parent/Guardian

Parent/Guardian's Signature _____ Date _____

IF YOU ARE A CURRENT OR FORMER FEDERAL GOVERNMENT EMPLOYEE: I acknowledge that I am subject to the Values and Ethics Code for the Public Service

Athlete's Signature _____ Date _____

The athlete is hereby notified of the public disclosure by PCH of the financial support provided to the athlete by the Athlete Assistance Program. The Minister shall ensure that any public disclosure respects all requirements to protect personal information and third-party information.