

 **BWF Para Badminton Female Participation Grant Application**

The BWF is offering opportunities for new female athletes to apply for financial support to attend and be Internationally Classified at a BWF sanctioned International tournament in 2020.

To be considered to receive a participation grant from the BWF, athletes must meet the following criteria:

* Be affiliated to their National Badminton Federation / National Para Badminton Federation / NPC
* Be eligible to be internationally classified by the BWF in **WH1, WH2**, **SL3, SL4, SU5** or **SH6** Sport Classes
* Participate in structured badminton training on a weekly basis (minimum)

Please complete the following information in full and return to Erica Khoo e.khoo@bwfbadminton.org no later than **6th December 2019**.

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| **Details of Nominator** |
| National Badminton Federation / National Para Badminton Federation / NPC |  |
| Country |  |
| Para Badminton Contact Person |  |
| Email Address |  |
| **Details of Nominated Athlete** |
| First Name  |  |
| Surname (Family Name)  |  |
| Date of Birth (DD/MM/YYYY)  |  |
| **Criteria for Support** |
| Is the nominated athlete affiliated to their National Badminton Federation / National Para Badminton Federation / NPC | YES / NO |
| Has the nominated athlete completed the Para Badminton Medical Information Form | YES / NO |
| Has the nominated athlete completed the Para Badminton Player Evaluation Consent Form | YES / NO |
| Briefly describe the nominated athlete’s current involvement in badminton. Please include details of training and competition (max 100 words)  |  |
| Please provide any other relevant information to support the application, including details of any other financial support for the nominated athlete (max 50 words) |  |
| **Details of Support Requested (Maximum $1,250 per athlete)**  |
| Tournament athlete wishes to attend (one only):  |
| Budget ($ USD)  | Item 1: Travel  | $0.00 |
| Item 2: Accommodation  | $0.00 |
| Item 3: Entry Fees | $0.00 |
| **Total $ USD:**  | **$0.00** |

I hereby confirm that the information included in this application is accurate:

Signature of Nominator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_