



BARWON SPORTS ACADEMY APPLICATION FORM 2018

INDIVIDUAL SPORT MEMBERS

Please return to BSA no later than: **Friday 15th December, 2017**

Barwon Sports Academy, 370 Moorabool St, Geelong Vic, 3220:

Email admin@barwonsportsacademy.org.au

Ph: 5224 9110, fax: 5224 9100

ATTENTION

- *Please attach a Sporting Resume/ List of Achievements with your application*
- *The school section can be completed and returned once you have commenced school for 2018.*



Selection Criteria 2018

The term Individual Scholarship holder is used for athletes who are participating in a sport that does not have an official partnership with the Barwon Sports Academy at the time of application.

- Individual Scholarship holders applying must be 12 years or older on 1st January of the current year. i.e 1 January 2017 for the 2018 intake.
- Individual Scholarship holders MUST reside in the Barwon Region.
- Individual Scholarship holders MUST commit to the holistic athlete development philosophy of the Barwon Sports Academy.

Membership to the Individual Scholarship holder Squad will be in one of two tiers:

- Tier 1: Individual scholarship holders at State level or above.
- Tier 2: Individual scholarship holders who have been highly recommended by their sport as development athletes highly likely to reach state level in the year of inclusion.

Selection can be subjective and for this reason a panel of 3 senior Barwon Sports Academy representatives (including the CEO, Board member and one other) will be charged with making final selection.

Applicants need to demonstrate their commitment to competitive sport and representing their district by competing in high level competition and/or representative squads.

Ongoing membership

Tier 1 State qualified Individual Scholarship holders can remain in the squad provided they are still actively involved in competition in their sport and maintain their State level standing.

Tier 2 Individual Scholarship holders are allowed a maximum of 3 years membership of the Academy Squad if they meet the BSA selection criteria in each year

Selection Deadline

The closing date for applications will be the **Friday 15th December, 2017**

Please send to:

Cameron Loftus (CEO Barwon Sports Academy) Email: cameron@barwonsportsacademy.org.au

Barwon Sports Academy Mobile: 0423 650219

Sports House, Moorabool st.

Geelong, 3220



1. SCHOLARSHIP APPLICANT'S PERSONAL DETAILS:

1. ATHLETE:

Family name _____

Given Name/s _____

HOME ADDRESS:

Postcode _____

Home Phone () _____ Mobile (if applicable) _____

Email contact _____

Date of Birth _____ Male / Female (*please circle*)

2. PARENT/GUARDIAN CONTACT DETAILS:

Contact #1

Mr/Mrs/Miss/Ms Family Name _____

Given Name _____

Relationship to scholarship Applicant _____

Employer name and address (if applicable) _____

Position Title _____

B/H Phone () _____ Mobile _____

E-mail _____

Contact #2

Mr/Mrs/Miss/Ms Family Name _____

Given Name _____

Relationship to scholarship Applicant _____

Employer name and address (if applicable) _____

Position Title _____

B/H Phone () _____ Mobile _____

E-mail _____

3. **COACH CONTACT DETAILS:** (this refers to your current Non-Academy Coach, if applicable)

Mr/Mrs/Miss/Ms Family Name _____

Given Name _____

Address _____

Postcode _____

Home Phone () _____ Bus () _____

4. **CURRENT SCHOOL:**

Year Level _____

Home Room Teacher _____

5. **SCHOLARSHIP APPLICANT'S SPORTING/INTERESTS PROFILE:**

a) School/Association/State Representation and Achievements (Sport Specific)

b) Please list other interests and involvements (eg. Community groups, arts etc)

SCHOLARSHIP APPLICANT'S SIGNATURE: _____

DATE: ____ / ____ /20



6. MEDICAL AUTHORITY:

(The following details are required to be completed by the scholarship applicant's parent or guardian and returned to BSA.)

This authority is completed with relation to

(Print scholarship applicant's name)

of _____

(Print scholarship applicant's address)

LIST OF KNOWN ILLNESSES: (eg. asthma, epilepsy, bronchitis, back injury, etc.):

GIVE DETAILS OF ANY OPERATIONS OR SURGICAL PROCEDURES UNDERGONE WITHIN PAST FIVE YEARS:

LIST ANY MEDICATION AND/OR DRUGS CURRENTLY BEING TAKEN:

PROVIDE ANY FURTHER INFORMATION THAT IS CONSIDERED NECESSARY, SHOULD EMERGENCY TREATMENT BE REQUIRED: (eg. Details of any allergies)

I, _____

(Print parent/guardian name)

being the parent/guardian of

(Scholarship Applicant's Name)

Date: ____/____/20

Confidential:

Medicare Number _____

Family Doctor _____

7. SCHOOL YEAR CO-ORDINATOR'S EVALUATION FORM:

Dear School Co-ordinator,

The person listed below has applied for a scholarship with the Barwon Sports Academy. The Academy maintains a 'holistic' approach to the development of its athletes. This involves an academic and community emphasis as well as athletic development.

For this reason we request (with parental consent) that the following details be completed and returned to directly to:

*The Executive Officer
Barwon Sports Academy,
Sports House, Moorabool Street
Geelong. 3220.*

ATHLETE NAME _____

SCHOOL _____ **YEAR** _____

ACADEMIC ABILITY: Below Average/Average/Above Average/Well Above Average

Any Comments?

ATTITUDE:

School Work

General



RELATIONSHIP WITH STAFF:

RELATIONSHIP WITH PEERS:

SIGNATURE: _____

Date: ____ / ____ /20