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| --- | --- |
| **National Olympic Committee**  Athlete  Photo |  |

**Candidate**

Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Family name |  | Given name(s) |  |
| Date of birth | Enter date dd/mm/yyyy | Nationality |  |
| Passport – No. *(to be annexed)* |  | | |
| Gender |  | Telephone |  |
| E-mail |  | | |

Sporting details

|  |  |  |
| --- | --- | --- |
| Confirmed place: qualification or Universality Place (UP) in Youth Olympic Games | |  |
| Individual Olympic Sport  (e.g. aquatics/skiing) | |  |
| Discipline(s) / Event(s) (e.g. swimming – 200m freestyle women or alpine skiing – women’s downhill) |  | |
| Primary sporting achievement(s)  (Result, place and date) | 1.  2.  3. | |

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| --- |
| Candidate’s background, motivation and planned use of a YOG Preparation Grant |
|  |

Undertakings

|  |  |
| --- | --- |
| Copy of valid passport enclosed |  |
| Nationality - please explain whether there are any particular circumstances that Olympic Solidarity should be aware of, for example dual nationality, recent change of nationality etc.: | |
|  | |

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| **Medical condition and responsibility:**   * there is no medical issue likely to prevent the scholarship candidate  from undertaking intensive physical training in view of the Youth Olympic Games * all necessary measures will be taken to ensure appropriate and regular medical follow-up * signature bearers assume full responsibility for the above statements |

**CANDIDATE**

I, the undersigned (athlete or parent/guardian on behalf of athlete), would like to propose my candidature for YOG Preparation Grant and hereby certify that the information provided herein is accurate:

Name and signature: Date:

**National Federation**

I, the undersigned, on behalf of the National Federation of   
hereby certify that the information provided herein is accurate:

Stamp

Name, function and signature: Date:

**National Olympic Committee**

I, the undersigned, President/Secretary General, on behalf of the NOC of   
would like to propose the above-noted athlete for a YOG Preparation Grant   
and hereby certify that the information provided herein is accurate.

Stamp

Name, function (President or Secretary General) and signature: Date: