# KTCCCA National Championship Grant


### Scholarship Application

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| Applicant Information |
| Last Name |  | First |  | M.I. | Date |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Meet Applying for Travel Stipend |  | Date of Meet |  |
| Planned method of travel | Auto [ ]  | Air [ ]  | If car, using a rental or personal vehicle? | Rent [ ]  | Own [ ]  |
| Number of nights for hotel | 1 [ ]  | 2 [ ]  | 3 [ ]  | What dates? |  |
| Number of people traveling along | ≤ 3 [ ]  | > 3 [ ]  | Estimated Mileage |  |
| **Allowable expenses including meals, rooms, transportation for the athlete.**  |
| Competitive Experience |
| High School |  | Address |  |
| Coach |  | Years Competing |  | Events |  |
| Individual Accomplishments |  |
| Community Involvement |  |
|  |
|  |
| Performance References |
| Please list three performances, with times, places, and meet name and location, that verify ability to compete in national competition |
| Meet Name |  | Location |  |
| Time and Place |  | Event |  |
| Other Info |  |
| Meet Name |  | Location |  |
| Time and Place |  | Event |  |
| Other Info |  |
| Meet Name |  | Location |  |
| Time and Place |  | Event |  |
| Other Info |  |

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| Previous Championship Experience (if Any, Can INclude State Championships) |
| **Meet Name** |  | Year |  |
| Time and Place |  | Event |  |
| **Meet Name** |  | Year |  |
| Time and Place |  | Event |  |
| **Meet Name** |  | Year |  |
| Time and Place |  | Event |  |
| **Meet Name** |  | Year |  |
| Time and Place |  | Event |  |
| **Meet Name** |  | Year |  |
| Time and Place |  | Event |  |
| **Meet Name** |  | Year |  |
| Time and Place |  | Event |  |
|  |
| Essay Response |
| As part of the process for applying for funds from the KTCCCA for this championship experience, we require that you compose a 500 word essay about how running has affected your life. You may include experiences, coaches, mentors, and performances in your response. Your response should be grammatically correct and spell-checked. While we are not evaluating this response, we want to better understand your experience with track and field/cross country and what specifically has made it rewarding for you.Please attach the essay with this completed form.  Following the event, you will be required to email a post event report on your experience at the event to steeplecoach@gmail.com This report will be available for publication on the web for future athletes to review who are considering competing at the national level. |
| Disclaimer and Signature |
| I certify that I will use the funds received from the KTCCCA for travel and expenses to and from the national championship meet I have applied to attend, and any funds not documented in the post event report will be returned to the KTCCCA. |
| Signature |  | Date |  |
| Parent/Guardian Signature |  | Date |  |
| Coach Signature |  | Date |  |
| Chaperone Signature(if different than above) |  | Date |  |

Application is to be submitted to: **David St. Louis, 3419 Bellisima Pl Unit 102, Louisville, KY 40245**. Email: **steeplecoach@gmail.com**

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| POST EVENT Travel Expense REPORT -to be submitted |
| To be submitted with receipts following event |
| Name |       |
| E-mail |       |
| Purpose |       |
| Expenses | Dates | Details | Amount |
| Transportation |       | [ ] Air | [ ] Taxi | [ ] Rental car | [ ] Other | $      |
|  |       | [ ] Air | [ ] Taxi | [ ] Rental car | [ ] Other | $      |
| Own car |       | Mileage       Submit actual gas receipts | $      |
| Lodging |       | Location       | $      |
|  |       | Location       | $      |
|  |       | Location       | $      |
|  |       | Location       | $      |
| Meals |       | (Not to exceed $40/day) | $      |
|  |       | (Not to exceed $40/day) | $      |
|  |       | (Not to exceed $40/day) | $      |
|  |       | (Not to exceed $40/day) | $      |
|  |       | Purpose       | $      |
| Other |       | Purpose       | $      |
|  |       | Purpose       | $      |
|  |       | Purpose       | $      |
|  |       | Purpose       | $      |
| Subtotal-Actual Expenses | $      |
| Travel Grant Amount | $      |
| Travel Grant minus Actual Expenses  | $      |
| Signature | Date |
|  |  |

**Please attach receipts for all listed expenses, sign the form and send to: Frank Miklavcic KTCCCA 319 Erin Way Frankfort, Ky 40601**

**Please include check made payable to KTCCCA for difference if Travel Grant exceeds documented expenses.**