

UNIVERSITY SPORT FUNDING AGREEMENT FORM

SECTION A: TO BE COMPLETED BY THE UNIVERSITY (one agreement per sport)

University Name:			
Contact Person:			
Position:			
Phone:		Email:	
Sport:			

UNIVERSITY ATHLETIC ASSISTANCE				
University Athletic Assistance Grant:	\$			
Roster Size:		Gender:	# Female:	# Male:
Requirements (please attach the following): Team schedule(s) for competitions; A detailed budget for each sport.				

PSO STUDENT-ATHLETE AWARDS				
PSO Student-Athlete Award Grant:	\$			
Anticipated Roster Size:		Gender:	# Female:	# Male:

Our organization is in acceptance of the approved grant amounts and the terms and conditions of the University Sport Funding Program.

University Dean Signature Date

SECTION B: TO BE COMPLETED BY THE PROVINCIAL SPORT ORGANIZATION

PSO Name:			
Contact Person:			
Position:			
Phone:		Email:	
Grant Period:			

Our organization is in acceptance of the approved grant amounts and the terms and conditions of the University Sport Funding Program.

PSO Signing Authority Date