

***NewComers Funding Application***

Applicants **must** use the following format. Incomplete applications will not be considered. Soccer NB may request additional information from any region to assist in the review of the application.

\*Funding maximum per organization is limited to $3,000 and is subject to availability on a first come first serve basis.

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| **A. General Information / Organization Contact Details:** | | | | | | |  |
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| **NAME OF THE ASSOCIATION:** | | | | |  |  |  |
|  | |  | | | | | |
| **Key Contact:** | |  | | **Telephone**: |  | | |
|  | |  |  |  |  |  |  |
| **Address:** | |  | |  |  | | |
|  | |  |  |  |  |  |  |
| **City / Town:** | |  | | **Fax**: |  | | |
|  | |  |  |  |  |  |  |
| **Postal Code:** | |  | | **Email**:: | |  | |
|  | |  |  |  |  |  |  |
| **Facilities Used** | | |  | | | | |

**B. Eligibility of the Programs:**

**Did you follow the eligibility Criteria set by Soccer New-Brunswick:**

1. **Participation of programming within the past year (Feb 2020 onwards)**
2. **Participant must have relocated from outside of Canada**

*No*🞏 *Yes*🞏

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| --- |
| Please specify: |

**C. Participants**

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|  | **Participant Name (Surname, Given Name)** | **Participants email** |  | **Current Address** | **Country of Origin** | **Type of Program (Referee, Coach, Player)** | **# of weeks of program** |
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|  | **Participant Name (Surname, Given Name)** | **Participants email** |  | **Current Address** | **Former Address** | **Type of Program (Referee, Coach, Player)** | **# of weeks of program** |
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|  | **Participant Name (Surname, Given Name)** | **Participants email** |  | **Current Address** | **Former Address** | **Type of Program (Referee, Coach, Player)** | **# of weeks of program** |
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**D. EVALUATION**

Please allow Soccer NB 1 month to evaluate applications. By using the application form for all NewComer Funding, Soccer NB will be able to collect data that could help us for surveys, development and documenting future opportunities.

**E. ACCOUNTABILITY DECLARATION OF PARTNERS**

I, the undersigned, am authorized by our organization to support this partnership for the stated purpose on behalf of the organization. The information presented in this application is, to the best of my knowledge, true and correct.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Signature: | |  | |
| Date: |  |  |  |  |  |

***Please submit completed application via email to:***

***Administration***

***admin@soccernb.org***