



National Olympic Committee

IMPORTANT: This form, duly completed and signed, should be sent to Olympic Solidarity at the very latest two (2) months after completion of the project.

BENEFICIARY ATHLETE

Personal Details

Family name		Given name(s)	
Date of Birth		Nationality	
Gender	<input type="radio"/> Male <input type="radio"/> Female	Marital status	<input type="radio"/> Single <input type="radio"/> Married
Olympic sport		Email	
		Telephone	
		Social media details	

ACTIVITIES

No.	Education project	Dates (dd/mm/yyyy)		Location	Expenditure (in USD)
		From	To		

Please describe the objective, timeline and outcomes of the project.



What are the immediate benefits of the project? What long-term benefits do you expect?

What is your action plan following completion of the project?

Comments/recommendations/additional information:

ATTACHMENTS REQUIRED

Certification obtained (diploma, certificate, recommendation letter, etc.)



BENEFICIARY ATHLETE

I, the undersigned, hereby certify that the information provided herein is accurate:

Name and signature:

Date:

NATIONAL OLYMPIC COMMITTEE

I, the undersigned, President/Secretary General, on behalf of the NOC of _____, certify that the information provided herein is accurate.

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

Date:

Stamp