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| 1. **ATHLETE INFORMATION** | | | | |
| Citizenship: |  | | | |
| Name: |  | | | |
| Date of Birth: |  | | | |
| Gender: |  | | | |
| GAL Number: |  | | | |
| Weight Division: |  | | | |
| Contact Number: |  | | | |
| Email: |  | | | |
| 1. **BREAKDOWN OF THE TRAINING COSTS (USD)**   **(Please describe the projected costs to be used for training)** | | | | |
|  | | | | |
| 1. **TRAINING PLAN**   **(Please describe the training plan with the allocated scholarship)** | | | | |
|  | | | | |
| 1. **NAME AND SIGNATURE OF THE ATHLETE** | | | | |
| Name of Athlete: |  | | Date &  Signature: |  |
| 1. **AUTHORIZATION** | | | | |
| Name of President |  | Date &  Signature: | |  |
| 1. **SUBMISSION** | | | | |
| Please fill and submit this report to the WT Member Relations and Development at [member@worldtaekwondo.org](mailto:member@worldtaekwondo.org). | | | | |
| 1. **Qualification** (qualified applicants who satisfy one of the following four criteria) | | | | |
| * 1. Refugee athlete   2. Para-Taekwondo athletes   3. Athletes training at WT-recognized training centers or facilities   4. Athletes ranked within top 50 of World Kyorugi Ranking, World Poomsae Ranking and World Para Kyorugi Ranking | | | | |