

Professional Development Coaching Grant

Saskatchewan Soccer Association (SSA) provides funding to registered Saskatchewan coaches looking to improve their coaching proficiency through professional development opportunities.

Priority will be given to coaches wishing to obtain Canadian National Certification (i.e. Canadian Soccer Association Pre-C Assessment/C-License, Provincial B-License, National B-License or National A-License or National Coach Certification Program Competition Development Module or Advanced Course); however, applications for other professional development opportunities may be considered on a case-by-case basis should funding remain in any given year. Funding can be used to help offset the cost of the following:

- **Course/Clinic Fees or Registration**
- **Travel, Meals and Accommodation while attending to Course/Clinic**

How it works:

1. Applicants **MUST** be registered as a coach with the SSA.
2. Applicants **MUST** pay for their professional development opportunity prior to attending and participate fully in the course/clinic/event to be eligible for funding.
3. Applicants **MUST** submit an application to the SSA for the Professional Development Coaching Grant (application form attached), by **October 31st of any given year** to be considered for funding.
4. The application **MUST** include all original receipts pertaining to the development opportunity.
5. Applicants are encouraged to include a one page cover letter describing the benefits of attendance at the developmental opportunity to their Member Organization and/or SSA.
6. Applicants are eligible for reimbursement of up to 50% of eligible expenses pertaining to the Professional Development opportunity to a maximum of \$1,000 per calendar year.
7. Individuals are limited to one application per calendar year.
8. SSA will review all applications in November with grants distributed before the end of the calendar year.
9. A pool of \$2,000 will be allocated to the Professional Coach Development Grant to be divided amongst successful candidates based on eligible expenses.
10. If the full allocation of funding is not utilized in any given year, it may be reallocated to the Referee Development Grant and/or Female Development Grant.

Please mail all applications to:

Saskatchewan Soccer Association
Attn: Professional Development Coaching Grant
300-1734 Elphinstone Street
Regina, SK S4T 1K1

For more information on Coaching Development, please contact Markus Reinkens at cs4a@sasksoccer.com or 1-306-519-0824.





Professional Development Coaching Grant Application Form

Name: _____

Coaching Certification Number (CC #): _____ Respect in Sport Number (RiS#): _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ (H) _____ (W) _____ (C)

Email Address: _____ Member Organization/Entity: _____

I have attended the following professional development opportunity (ies):
☐ C-License ☐ Provincial B-License ☐ National B-License ☐ Pre C-License Assessment
☐ National A-License
NCCP Competition Development Module: ☐ Coaching & Leading Effectively ☐ Developing Athletic Abilities
☐ Psychology of Performance ☐ Prevention & Recovery
☐ Managing Conflict ☐ Leading Drug Free Sport

Other (please specify): _____

Have you received or applied for any additional funding for the clinic/event? ☐ YES or ☐ NO

If yes (please specify): _____

Date(s) of development opportunity: _____

Location of development opportunity: _____

Reason for taking clinic/event: _____

Total cost of development opportunity: _____

****All applications must be accompanied by a receipts for all expenses incurred as a part of the development opportunity****

I hereby declare that the above information, to the best of my knowledge, is true and complete.

Applicant's Signature

Date

I hereby declare that the above named applicant is a member in good standing of this Member Organization and registered with the SSA.

Authorized Member Organization Signature

Date

Please return completed form and receipts to: **Saskatchewan Soccer Association, 300-1734 Elphinstone St., Regina, SK, S4T 1K1 on or before October 31st of any given year.**

SSA Office Use Only

Date application received: _____ Approved: Yes ☐ No ☐ Amount \$ _____