

Athlete Application

Dear Applicant,

The following application is for Empowering Athletes, a non-profit organization that helps families in need with sports-related costs. All the information you provide will be kept confidential and will be used by Empowering Athletes to assess the need for assistance. If there is anything else you wish to tell us that is not part of the application please feel free to add it to the back of this application. When your application is completed, please return it in the enclosed self-addressed envelope. Please make sure your contact information is completed as this is the only way you will be contacted. Please make sure to return the application as soon as possible because the number of athletes assisted is limited.

Name of person completing application _____ DOB _____

Athletes Name _____ DOB _____

Relationship to Athlete _____

Address _____

Years at residence _____

School District _____ Name of School _____

Contact Information:

Home Phone _____

Cell Phone _____

Alternate Number _____

Assistance Requested:

Sport

Please complete the reverse side also

Name and relationship of anyone else living with you:

| | | | | | |
|----|-------|--------------|-------|-----|-------|
| 1. | _____ | Relationship | _____ | DOB | _____ |
| 2. | _____ | Relationship | _____ | DOB | _____ |
| 3. | _____ | Relationship | _____ | DOB | _____ |
| 4. | _____ | Relationship | _____ | DOB | _____ |
| 5. | _____ | Relationship | _____ | DOB | _____ |
| 6. | _____ | Relationship | _____ | DOB | _____ |

Please give a brief explanation of the hardship in your family:

List other organizations you have contacted for assistance this calendar year:

Any additional information or comments:
