



GRANT APPLICATION 2008

DEADLINE: MUST be POSTMARKED by DECEMBER 15, 2007
PLEASE PRINT LEGIBLY

Applicant Information

First: _____ **Last:** _____

Address: (line one) _____

City: _____ **State:** _____ **Postal code:** _____
(NY, CA, etc.)

Country: _____ **Date of Birth:** _____ (mm/dd/yyyy)

Daytime Phone: (____) _____ **E-Mail:** _____
(CAF communicates regularly via e-mail. If you do not have e-mail, please write "No email")

Gender: Male Female **Ethnicity (optional) Please check one:**
White Hispanic Black Native American
Indian Asian Mixed/Other _____

Military Information

Are you now or have you ever been in the military? Yes No (if yes, check which military branch below)

USMC USCG NAVY ARMY USAF National Guard

Are you on active duty? Yes No **Do you have a service connected disability?** Yes No

Is someone in your immediate family affiliated with the military? Yes No
(if yes, check which member below)

Mother Father Wife Husband Sibling

Are they currently on active duty? Yes No

Challenged Athletes Foundation Information

How did you find out about the CAF? (please specify from whom/what) _____

How many years have you been funded through CAF? _____

If you are a past CAF grant recipient, what year did you receive your last grant? _____

If you are a past CAF grant recipient, how much was your last CAF grant for? _____

*check item and give \$US dollar amount: equipment travel expenses training other _____

Mandatory Information to be Included with Application

The following information is **mandatory** in order to process your application:

Note: submitted materials, photos, news clippings, etc. will not be returned.

(Please check each box to verify that each item is included)

1. **REFERENCE LETTERS:** Include **two letters of reference** along with phone numbers.

One letter must come from a physician verifying your qualifying physical challenge.

The other must be from a fellow athlete, peer, physical therapist, family member, teacher or coach.

REFERENCE NAME (of letter attached) SOURCE (coach, teacher, etc.) ORGANIZATION

1. _____

2. _____

2. Your **UPDATED** biography or story (1-3 paragraphs about yourself)

3. If you have participated in your sport before, please provide information on this.

4. A photo of yourself, preferably in your sport or at play

5. (Optional) Other printed press clippings (NO videotapes, CDs, or DVDs please)

Disability Information

Your physical disability? (please check all that apply)

Amputee, above elbow

Amputee, above knee

Visually Impaired

Amputee, below elbow

Amputee, below knee

Cerebral Palsy

Polio

Paraplegic

Quadriplegic

Spina Bifida

Osteogenesis Imperfecta

Other _____

List specific physical disability (optional) _____
(ex: right below knee amputee, T10 Paraplegic)

Date of disability? _____

How did you acquire your physical disability? (Please check)

Cancer

Congenital

Trauma

Non-Cancer Disease

Other _____

Sports Information

What is your primary sport? Cycling Running Triathlon Track & Field Volleyball

Alpine Skiing

X-Country Skiing

Tennis

Basketball

Rugby

Swimming

Golf

Hockey

Soccer

Baseball

Other _____

How long have you been participating in your sport? _____

You must have been participating in your sport for at least 6 months to be eligible for a CAF equipment grant.

What kind of athlete do you consider yourself? (check one)

Beginner

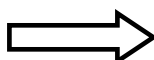
Intermediate

Advanced

Elite

Have you competed in the Paralympic games? Yes No

year(s)? _____ sport(s)? _____



Supplemental Information

What is your short-term goal in the sport of your choice?

What is your long-term goal in the sport of your choice?

How will this grant help you to reach your goal?

What is your Motto or words to live by?

Please list any volunteer or community service work you do

Please list any other cash sponsorships or grants you have received in the last year or expect in 2008.

Waiver and Truth Statement

“Any decision by Challenged Athletes, Inc. (CAF) as to : i) whether or not a grant is to be awarded and ii) if awarded, in what amount and the terms and conditions attaching thereto, shall be made in the sole and absolute discretion of CAF. By your submission of this grant application to CAF, you agree to be bound by the decision of CAF and indemnify and hold CAF harmless from any and all claims, actions and/ or causes of action arising directly or indirectly as a result of CAF’s decision.”

CAF uses grantee bios and photos to assist in fundraising efforts to complete our mission. If you do not authorize CAF to use your photos and/or bio please check here. **DO NOT USE MY BIO OR PHOTO(S)**

If left unchecked CAF reserves the right to use your bio and photos. The statements and answers given in this grant application are true and correct. I understand that misstatements in this grant application could cause my application to be denied.

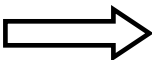
Signature _____ Date _____

If under the age of 18, please have parent or guardian sign this Grant Request

Guardian Name (printed) _____

Guardian Signature _____ Date _____

If you have any questions about the 2008 CAF grant application, please contact JulieAnne White: JulieAnne@challengedathletes.org



CAF Grant Application Financial Statement for 2006/2007 Income

Please check here if you are under 18.

If under 18, please have parent or guardian fill out this form, and submit parent/household income.

You **MUST** provide financial information and proof of income in order to be considered for a grant.

Please check which proof of income you are including with this application (copies accepted).

2006 Tax Return W-2 Social Security Disability Insurance (SSDI) Statement

All information provided is confidential; however, feel free to cross out SSN or personal information.

You can also attach additional information such as household budgets, assets and income if you wish.

Annual Gross HOUSEHOLD Income (income before taxes)

Source of Income: please include ALL HOUSEHOLD INCOME (parent, step-parent, spouse, domestic partner, etc.)

Annual Gross Amount:

- 1) _____ \$ _____
- 2) _____ \$ _____

(NOTE: Income is a major factor in determining eligibility. Only those with the greatest needs will be granted)

(Total In) Total Annual Gross Household Income \$ _____ (1)

Annual household living expenses (What goes out) (Please attach additional information, if necessary)

<u>Living Expenses</u> (What goes out)	<u>Monthly Amount</u>
---	------------------------------

- Rent/Mortgage \$ _____
- Utilities \$ _____
- Loans (car, personal, etc) \$ _____
- Food/general living \$ _____
- Childcare \$ _____
- Medical \$ _____
- Transportation (Gas, maintenance) \$ _____
- Other _____ \$ _____

Number of dependants claimed last year

Total **Monthly** Living Expense \$ _____ x 12 = **Annual** Living Expenses \$ _____ (A)

Annual Sports Budget \$ _____ (B)

(Total Annual Expenses= A+B) Total Annual Expenses \$ _____ (2)

(Total Income (1) - Total Expenses (2)) = Net Annual Household Income \$ _____

<u>Assets</u> (What do you have in savings or investments)	<u>Amount</u>
---	----------------------

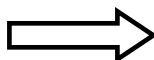
- 1) _____ \$ _____
- 2) _____ \$ _____
- 3) _____ \$ _____

Is applicant currently employed? Yes No **Who is your employer?** _____

Is applicant currently a full-time student? Yes No **If yes, where?** _____

Do you have special financial circumstances? Yes No **Please explain below:**

Signature of person filling out form: _____ **Date:** _____



COMPETITION - Grant Request

ONLY FILL OUT ONE OF THE THREE GRANT REQUESTS

Itemized Cost of Request: please be specific as possible

Example: Item #1 – airfare from San Diego to Boston - \$305.00
Item #2 – registration fee for Boston marathon - \$120.00
Total Request \$425.00

Item #1 _____ Cost \$ _____

Item #2 _____ Cost \$ _____

Item #3 _____ Cost \$ _____

Total Grant Request \$ _____
(\$ US Dollars)

Name of event: _____

Location of event: _____ ***Date of event:** _____

**Keep in mind that 2008 CAF grants are not distributed until April 2008.*

(Please check which event best describes your competition / travel request):

Travel event

Paralympics
World Championships
National Championships

Travel event

Regional competition
Qualifying competition
General competition event

What is the sport or physical activity you are requesting a grant for? (select one)

Cycling Running Triathlon Track & Field Alpine Skiing
Volleyball X-Country Skiing Tennis Basketball Rugby Swimming
Golf Hockey Soccer Baseball Other _____

NOTE: "Therapy" requests for non-physical ailments, are not funded

CAF often distributes partial funding for grant requests in order to fund more athletes. Will partial funding allow you to afford your request? Yes No



Remember if you receive a CAF grant, you MUST submit receipts to prove the grant money was used for the approved item.

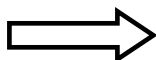
MAIL COMPLETED APPLICATION TO:

For regular US Post Office Mail Service:

Challenged Athletes Foundation
P.O. Box 910769
San Diego, CA 92191

For non US Post Office Mail Service:

Challenged Athletes Foundation
9990 Mesa Rim Road
San Diego CA 92121



TRAINING - Grant Request

ONLY FILL OUT ONE OF THE THREE GRANT REQUESTS

Itemized Cost of Request: please be as specific as possible

Example: item #1 – swim lessons – 4 lessons @ \$30 each = \$120.00

Item #1 _____ Cost \$ _____

Item #2 _____ Cost \$ _____

Item #3 _____ Cost \$ _____

Total Grant Request \$ _____
(\$ US Dollar)

What is the sport or physical activity you are requesting a grant for? *(select one)*

Cycling Running Triathlon Track & Field Alpine Skiing
Volleyball X-Country Skiing Tennis Basketball Rugby Swimming
Golf Hockey Soccer Baseball Other _____

NOTE: "Therapy" requests for non-physical ailments, are not funded

CAF often distributes partial funding for grant requests in order to fund more athletes. Will partial funding allow you to afford your request? Yes No



Remember if you receive a CAF grant, you MUST submit receipts to prove grant money was used for the approved item.

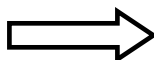
MAIL COMPLETED APPLICATION TO:

For regular US Post Office Mail Service:

Challenged Athletes Foundation
P.O. Box 910769
San Diego, CA 92191

For non US Post Office Mail Service:

Challenged Athletes Foundation
9990 Mesa Rim Road
San Diego CA 92121



EQUIPMENT - Grant Request

ONLY FILL OUT ONE OF THE THREE GRANT REQUESTS

Itemized Cost of Request: Please be as specific as possible (example: item #1 – Excelerator XLT GOLD - \$3600.00)

Item #1 _____ Cost \$ _____

Item #2 _____ Cost \$ _____

Total Grant Request \$ _____
(\$ US Dollars)

NOTE: CAF distributes ALL wheelchair sports/handcycle/racing chair sport equipment grants through vouchers redeemable at the CAF selected distributor. If you receive a voucher you must go through our distributor to redeem it. Cash reimbursement for equipment grants are not given for these items. Also, if you receive a 2008 equipment grant, you will not be eligible for a CAF equipment grant in 2009; equipment grants are considered 2-year grants.

- Please note that equipment value will match your athletic endeavors and accomplishments. If you are at a recreational level of play, you will be awarded a recreational valued equipment grant.
- Also, prosthetic grants are for the prosthetic item only and do not include any prosthetic company costs. Therefore, if applying for a prosthetic, please include prosthetic company name, address, telephone number and the name of your prosthetist so we may verify their understanding of the grant. **This information needs to be included with the grant and you need to verify with your prosthetist if his/her company will cover the costs.**
- You must have been participating in your sport for at least 6 months to be eligible for a CAF equipment grant.

(Please check which best describes your equipment request):

Equipment

Sports equipment
Tennis chair
Rugby chair
Prosthetic Foot
Prosthetic Knee
Prosthetic Arm
Spinergy Wheels

Equipment

Racing wheelchair
Basketball chair
Off-Road chair
Monoski
Road/ Mtn / Tri Bicycle
Handcycle
Other _____

What is the sport or physical activity you are requesting a grant for? (*select one*)

Cycling Running Triathlon Track & Field Alpine Skiing
Volleyball X-Country Skiing Tennis Basketball Rugby Swimming
Golf Hockey Soccer Baseball Other _____

NOTE: "Therapy" requests for non-physical ailments, are not funded

CAF often distributes partial funding for grant requests in order to fund more athletes. Will partial funding allow you to afford your request? Yes No



Remember if you receive a CAF grant, you MUST submit a receipt for any non-wheelchair sport to prove the funds were used for the approved item. *This excludes wheelchair sports/handcycle/racing chair sport equipment as we receive the receipt directly from our distributor.*

MAIL COMPLETED APPLICATION TO:

For regular US Post Office Mail Service:

Challenged Athletes Foundation
P.O. Box 910769
San Diego, CA 92191

For non US Post Office Mail Service:

Challenged Athletes Foundation
9990 Mesa Rim Road
San Diego CA 92121

