



# Operation Rebound GRANT APPLICATION 2008

Grant submission deadlines: Postmarked by Jan. 1<sup>st</sup>, April 1<sup>st</sup>, July 1<sup>st</sup>, Oct 1<sup>st</sup>  
Grants distributed within 90 days of each submission deadline

PLEASE PRINT LEGIBLY

## Applicant Information

First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: (line one) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal code: \_\_\_\_\_

Country: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Sex: Male / Female Ethnicity (optional) Please circle one:  
White Hispanic Black Native American  
Indian Asian Mixed/Other \_\_\_\_\_

## Military Information

What Branch of the military did/do you serve?  
USMC USCG NAVY ARMY USAF National Guard

Are you currently on active duty? Yes / No  
Were you injured as a result of your military duties involving the conflicts in Iraq, Afghanistan, or other theater in the Global War on Terror? 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? \_\_\_\_\_

\*circle item and give \$US dollar amount: equipment travel expenses training other \_\_\_\_\_

**Mandatory Information to be Included with Application**

The following information is **MANATORY** to include with your application:

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

(Please check each box after including each item)

1. **REFERENCE LETTERS:** Include two letters of reference along with phone numbers.  
 One letter must come from a qualified medical personnel verifying your physical challenge.  
 The other from a coach, commanding officer, fellow athlete, peer or family member.

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

1. \_\_\_\_\_
2. \_\_\_\_\_

2. Your **UPDATED** biography or story (1-3 paragraphs about yourself)
3. If you have competed in your sport before, please let us know your results
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 circle all that apply)

- |                      |                     |                            |
|----------------------|---------------------|----------------------------|
| Amputee, above elbow | Amputee, above knee | Blind or Visually Impaired |
| Amputee, below elbow | Amputee, below knee | Paraplegic                 |
| Quadriplegic         | TBI                 | other _____                |

List specific physical disability (optional) \_\_\_\_\_

(ex: right below knee amputee, T10 Paraplegic)

Date of disability? \_\_\_\_\_

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

- IED/Landmine    Enemy Fire    Vehicle Accident    Car Bomb    Other \_\_\_\_\_

**Sports Information**

What is your primary sport?    Cycling    Running    Triathlon    Track & Field  
 Volleyball    Alpine Skiing    X-Country Skiing    Tennis    Basketball    Rugby  
 Football    Swimming    Golf    Hockey    Soccer    Baseball    Other \_\_\_\_\_

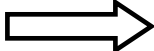
How long have you been participating in your sport? \_\_\_\_\_.

*You must have been participating in your sport for a least 1-year to be eligible for a CAF equipment grant.*

What kind of athlete do you consider yourself?    *Beginner / Intermediate / Advanced / Elite*

Have you competed in the Paralympic games?    Yes / No

Year(s)? \_\_\_\_\_    Sport(s)? \_\_\_\_\_



**Supplemental Information**

Please attach the following to your grant application:

- A **brief** bio about yourself with your personal and athletic goals.
- A **brief** summary of your military history and any noteworthy information.
- A statement on how you are planning to raise awareness for “Operation Rebound” and the Challenged Athletes Foundation.

**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 you have any questions regarding the 2008 Challenged Athletes Foundation’s OPERATION REBOUND grant application, please contact:**

**Nico Marcolongo**  
Challenged Athletes Foundation  
c/o Shea Homes  
**9990 Mesa Rim Road**  
**San Diego CA 92121**  
**p 858.526.6564**  
**f 858.866.0958**  
[nico@challengedathletes.org](mailto:nico@challengedathletes.org)

# CAF Grant Application Financial Statement for 2007/2008 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).

- 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)

**Annual household living expenses** (*Please attach additional information, if necessary*)

<u>Living Expenses</u>	<u>Monthly Amount</u>
Rent/Mortgage	\$ _____
Utilities	\$ _____
Loans (car, personal, etc)	\$ _____
Food/general living	\$ _____
Childcare	\$ _____
Medical	\$ _____
Transportation (Gas, maintenance)	\$ _____
Other _____	\$ _____

Number of dependants

Total **Monthly** Living Expense \$ \_\_\_\_\_ x 12 = Annual Living Expenses \$ \_\_\_\_\_.

Annual Sports Budget \$ \_\_\_\_\_.

**Total Annual Expenses** \$ \_\_\_\_\_.

**Total Annual Gross Household Income** \$ \_\_\_\_\_.

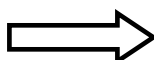
<u>Assets</u>	<i>(What do you have in savings or investments)</i>	<u>Amount</u>
1)	_____	\$ _____
2)	_____	\$ _____
3)	_____	\$ _____

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? **Please explain.**

Signature of person filling out form: \_\_\_\_\_ Date: \_\_\_\_\_



Applicant Name \_\_\_\_\_

# 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:** \_\_\_\_\_

(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)

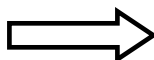
Cycling    Running    Triathlon    Track & Field    Alpine Skiing  
Volleyball    X-Country Skiing    Tennis    Basketball    Rugby    Swimming  
Football    Golf    Hockey    Soccer    Baseball    Other \_\_\_\_\_

**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  
Football    Golf    Hockey    Soccer    Baseball    Other \_\_\_\_\_

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

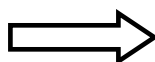
## MAIL COMPLETED APPLICATION TO:

***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



Applicant Name \_\_\_\_\_

# 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 – Exceleator XLT GOLD - \$3600.00)

Item #1 \_\_\_\_\_ Cost \$ \_\_\_\_\_

Item #2 \_\_\_\_\_ Cost \$ \_\_\_\_\_

**Total Grant Request** \$ \_\_\_\_\_  
(\$ US Dollars)

**NOTE:** CAF distributes ALL wheelchair sports/hand cycle/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.

- 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.

(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  
Hand cycle  
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  
Football    Golf    Hockey    Soccer    Baseball    Other \_\_\_\_\_



**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/hand cycle/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

