



INDIVIDUAL APPLICATION FOR SPONSORSHIP

SECTION 1: PARTICIPANT INFORMATION

Name of Child (please print): _____ Date of Birth: _____

Complete Address: _____

City: _____ State: _____ Zip: _____

Parent/Legal Guardian: _____

Address (if different from player): _____

Parent/Legal Guardian Phone: Home: _____ Cell: _____ Work: _____

Current Team: _____ League: _____

(Note: If you are currently not part of a team or league, please enter "NA")

Coach: _____ Phone: _____

SECTION 2: STATEMENT OF UNDERSTANDING

Please read and check off each statement and initial at the bottom that you understand.

- | | |
|--|--|
| <input type="checkbox"/> I understand that Bo Jackson's Give Me A Chance Foundation is a nonprofit organization and that financial assistance is made possible through the generosity of donors and members. | <input type="checkbox"/> I agree to notify the Foundation if my financial situation improves, so that my sponsorship can be re-evaluated, thus providing more opportunities for others in need. |
| <input type="checkbox"/> I understand that to maintain my sponsorship, I will need to provide updated documentation when requested by the Foundation, and I will be afforded at least 30 days to provide information when requested. Failure to do so may lead to revoking my sponsorship. | <input type="checkbox"/> I understand that sponsorships will be awarded on a first-come, first-served basis, subject to available funds and eligibility. |
| <input type="checkbox"/> I understand that to maintain my Foundation sponsorship, I will need to provide an updated application and income verification, and I will be afforded at least 15 days to provide this documentation. Failure to do so will lead to having my sponsorship revoked. | <input type="checkbox"/> I understand that I must provide the Foundation with contact information changes (address, phone, email) as they occur. |
| <input type="checkbox"/> I understand that I must submit requested documentation listed in Section 3 in order for my application to be reviewed | <input type="checkbox"/> We work side-by-side with our coaches and teammates to make sure that all players, regardless of age, income or background, have the opportunity to learn, grow and succeed in athletics and academics. |

Initial here that you have read and understand all of the above statements. _____



SECTION 3: REQUESTED DOCUMENTATION

In order to provide financial assistance in a fair and consistent manner, the following relevant documents must be attached and included with your application:

1. Your most recent 1040 federal income tax return (if you file "Married Filing Separately," please provide both returns) **AND**
2. Last two pay stubs/LES (military) or Social Security or disability statement (or copy of bank statements showing amount of automatic monthly deposit) **OR**
3. Profit/Loss statement & business license, if self-employed **AND**
4. Documentation of any Federal Assistance such as food stamps, rent subsidy or Aid to Dependent Children, **AND**
5. Documentation of any State Assistance such as unemployment compensation

NOTE: If you do not have any of the above documents required, you must submit a letter explaining your personal situation, as well as why you do not have documents. All personal information will be kept confidential and secure.

SECTION 4: GENERAL INFORMATION

Your application will not be processed until all required documents are provided. After all documentation is received, please allow 30 days to process your application. A Director will determine financial assistance eligibility after thoroughly reviewing the application. You will be notified whether your application has been approved within fourteen days after the review is complete.

SECTION 5: APPLICANT HOUSEHOLD INCOME INFORMATION

Parent/Legal Guardian Name (please print): _____

Date of Birth: _____ Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Employer: _____ Work Phone: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Marital Status: Single: _____ Married/Partner: _____ Divorced/Separated/Widow: _____

Spouse Name: _____ Spouse Date of Birth: _____

Spouse Employer: _____ Work Phone: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Total number of persons dependent on income per income tax return: _____

Have you ever applied for Foundation financial assistance in the past? No _____ Yes _____

My circumstances are temporary. I will need financial assistance until _____

Please attach a letter of explanation.



Gross Monthly Household Income:

	<u>Applicant</u>	<u>Spouse</u>
Employment	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Government Assistance	\$ _____	\$ _____
Retirement/Pension	\$ _____	\$ _____
Other Sources of Income	\$ _____	\$ _____
Total Household Income	\$ _____	

SECTION 6: CERTIFICATION OF INFORMATION

I certify that all information on my application is true and complete to the best of my knowledge and any misrepresentations may result in automatic sponsorship termination and suspension from making future applications. I further understand that I am applying for a financial assistance sponsorship and that the subsidy will expire on May 31, 2012. Failure to provide updated income documentation when requested will result in the termination of Foundation sponsorship.

Parent/Legal Guardian name (please print): _____

Parent/Legal Guardian signature: _____ Date: _____

SECTION 7: MEDICAL RELEASE

In the event of a medical accident or other emergency that may arise while my child is participating as a member of a team, league, camp and/or clinic of Bo Jackson's Give Me A Chance Foundation when a parent or guardian is unavailable, I hereby authorize a member of the Bo Jackson's Give Me A Chance Foundation or Cangelosi Baseball staff to make such arrangements as they consider necessary for my child to receive medical or hospital care and transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event the below-named physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event that below-named physician is not available, I authorize such care/treatment be performed by any licensed physician or surgeon. The undersigned hereby agrees to bear all costs incurred as a result of the foregoing.

Parent/Legal Guardian Signature: _____ Date: _____

Relationship to Player: _____

Insurance Company: _____ Policy #: _____ Group #: _____

Physician: _____ Phone: _____

Emergency Contact Name: _____

Home Phone: _____ Cell Phone: _____