

PROUDLY POWERING THE FUTURE OF YOUTH SPORTS











Date of Application:				
Name of Applicant:				
Street Address:	_City:	State:	Zip Code:	
Telephone Number: ()		E-Mail:		
Age of Applicant:	School attending	g:		
Sports Program name (if applicable):				
Is applicant receiving additional funding/assistance from another source?:				
If so, how much and from whom?:				
What is the annual household income?: \$				

Reas	son for request (check one or more):
	Athletic Participation & Team Participation Fees
	Educational Advancement Programs
	College Prep & Academic Advising
	Sport Specific Outfitting & Equipment
	Coaching Clinics & Coaching Resources
	Other
Nam	e and Season of program covered by this grant request (if applicable):
Spor	nsorship request amount (if applicable): \$
	arded with a sponsorship, would you be willing to volunteer in some capacity with our organization'

All athletes that are applying for this athletic sponsorship will need to answer the following questions/statements, along with supplying the **three (3)** latest school marking period report cards. *Please provide short answers for the following questions (3-4 sentences each) and attach the answers to your application, along with report cards.

- 1) How has participating in sport helped you to grow as a person and as an athlete?
- 2) Please describe some positive opportunities or experiences that sport has provided you with that have helped shape you (a game, coach, memory, challenge, victory, defeat)?
- 3) What are two of your short-term goals in the upcoming season, if awarded a grant?
- 4) What are two of your long-term goals in sports and two long term goals in your academics/career?
- 5) "It is in giving that we receive." What are some things that you plan/hope to do, to "pay it forward" in the community while receiving assistance from Swagnew Foundation?

The board will review your application and determine your eligibility for financial assistance. We will award scholarships based on need and availability. Please make sure that all information is complete and correct. Any personal information that you are required to provide will be kept confidential within the ownership of the Swagnew Foundation.

CONSENT TO RELEASE INFORMATION

I understand that my signature authorizes Swagnew Foundation to obtain the verification of all information on this application and that additional information may be necessary for the approval of this application. I certify that all the information on this form is true and correct to the best of my knowledge. I understand that myself and my athlete's eligibility to receive assistance requires a commitment to attend all of the scheduled practices and games for that grant-assisted program. Furthermore, I agree to notify Swagnew Foundation of any pertinent changes to my income and I confirm that assistance funds awarded, are for current/upcoming programs only.

Parent/Guardian Name (Print):
Parent/Guardian (signature):
Student-Athlete Name (Print):
otadent-Atmete Name (Finity).
Student-Athlete (signature):

For more information or to submit athlete sponsorship applications, please e-mail: <u>AllTheInfo@MichiganMade.Net</u>