Empowering Athletes
Team Application for Assistance

Please complete all sections carefully. Incomplete applications will not be considered for assistance.

Section 1: Applicant Information

Full Name: _____

Current Address: _____

(Street Address, Apartment/Unit #, City, State/Province, ZIP/Postal Code, Country)

Phone Number: _____

Email Address: _____

Section 2: Team

Team Name: _____ Age Group:_____

Sport: _____ Team Name:

_____

Coach Name: _____

Coach Phone Number: _____

Total Number of athletes on the team: _____

Are there any athletes on the team with special needs? _____

Section 3: Type of Assistance Requested

Please circle the category that best describes the assistance you are requesting:

- Registration Fees
- Season Fees
- Tournament Fees
- Travel Fees
- Equipment

Briefly describe your situation and the reason you are seeking assistance:

(Use additional pages if necessary)

_____
_____

_____
_____

_____
_____

_____
_____

Dose the team/organization hold any fundraisers? _____

If yes, what types of fundraisers? _____

Information

Team Operating Budget: $_____

Does the team belong to a larger organization? _____

If so, what organization:

_____

Does the team receive donations/sponsorships from any business, organizations, individual?

_____

If so, please list: _____

What is the total amount of team donations/sponsorships: $_____

Section 4: Previous Assistance

Have you received assistance from this organization before? _____

If yes, please provide details (type of assistance, date received, for whom):

_____
___

Section 5: Consent and Signature

Consent Statement:

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false or misleading information may result in denial of assistance. I authorize the organization to verify any information provided and to contact other agencies or references as needed to process my application. I understand that my information **will be kept confidential** and used only for the purpose of evaluating my eligibility for assistance.

Signature of Applicant:

_____

Date: _____

Section 6: Additional Information (Optional)

Please use this space for any further details that you feel are relevant to your application or wish to share with the organization: (Attach extra pages as needed)

_____

_____

_____

_____

_____

_____

Instructions for Submission

- Please ensure **all fields** are completed before submitting the form. Incomplete forms will not be considered.
- Submit the form by email to empoweringathletes@yahoo.com or in person.
- If you have questions, contact us at 814-241-5202 .

Thank you for completing the Application. Your request will be reviewed promptly, and you will be contacted regarding next steps.