

ADAPTIVE ATHLETE GRANT APPLICATION

Applicant Information

First: _____ Last: _____

Address: _____

City: _____

State: _____ Postal code: _____ Country: _____

Date of Birth: _____

Daytime Phone: _____

E-Mail: _____

Sex: Male Female

Ethnicity (optional) Please check one:

White Latino Black Native American
Indian Asian Mixed/Other

Are/Were you Military? Yes No

If yes, what branch of the military did/do you serve?

USMC USCG NAVY ARMY USAF National Guard

Are you eligible to receive VA benefits related to adaptive athletics? Yes No

Crossroads Adaptive Athletic Alliance (Crossroads) Information

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

If you are a past Crossroads grant recipient, what year did you receive your last grant and how much was your last Crossroads grant for?

Mandatory Information to be Included with Application

(Please check each box after including each item)

1. Your UPDATED biography or story (including personal & athletic goals)
2. If you have competed in your sport before, please let us know your results
3. A photo of yourself, preferably in your sport or at play
4. A statement on how you are planning to raise awareness for Adaptive Athletics and Crossroads.

Disability Information

Your physical disability? (Please check all that apply)

- Amputee, above elbow Amputee, above knee Blind or Visually Impaired
Amputee, below elbow Amputee, below knee Paraplegic
Quadriplegic TBI CP
Degenerative e.g. MS/ALS Other _____

List specific physical disability (optional)

Sports Information

What is your primary sport?

- Cycling Running Triathlon Track & Field
Volleyball Alpine Skiing X-Country Skiing Tennis
Basketball Rugby Football Swimming
Functional Fitness Powerlifting Olympic Lifting Body Building
Golf Hockey Soccer Baseball
Surfing MMA Other _____

How long have you been participating in your sport?

What level athlete do you consider yourself? Beginner Intermediate Advanced Elite

Have you competed in the Paralympic games? Yes No

Year(s)

Sport(s)

Supplemental Information

Waiver and Truth Statement

“Any decision by Crossroads Adaptive Athletic Alliance (Crossroads) 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 Crossroads. By your submission of this grant application to Crossroads, you agree to be bound by the decision of Crossroads and indemnify and hold Crossroads harmless from any and all claims, actions and/ or causes of action arising directly or indirectly as a result of Crossroads’ decision.”

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

Applicant Name: _____

Signature: _____

Date: _____

Crossroads Grant Application Financial Statement for Income

You MUST provide financial information and proof of income in order to be considered for a grant. Financial information may only be used to help determine need for support.

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

Annual Gross Amounts:

1) _____ \$ _____

2) _____ \$ _____

3) _____ \$ _____

Total Annual Gross Household Income \$ _____

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

Living Expenses

Monthly Amount

Rent/Mortgage \$ _____

Utilities \$ _____

Loans (car, personal, etc) \$ _____

Food/general living \$ _____

Childcare \$ _____

Medical \$ _____

Transportation (Gas, maintenance) \$ _____

Other \$ _____

Total Monthly Living Expense \$ _____

x 12 = Annual Living Expenses \$ _____

Annual Sports Budget \$ _____

Total Annual Expenses \$ _____

Is applicant currently employed? Yes No

If yes, where? What is your primary role? _____

Is applicant currently a full-time student? Yes No

If yes, where? What are you studying? _____

Do you have special financial circumstances? Please explain.

Applicant Name: _____

Signature of person filling out form: _____

Date: _____

COMPETITION - Grant Request

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 \$ _____

Item #4 _____ Cost \$ _____

Item #5 _____ Cost \$ _____

Item #6 _____ 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):

Paralympics World Championships
Qualifying competition National Championships
Regional competition General competition event

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

Cycling Running Triathlon Track & Field
Volleyball Alpine Skiing X-Country Skiing Tennis
Basketball Rugby Football Swimming
Functional Fitness Powerlifting Olympic Lifting Body Building
Golf Hockey Soccer Baseball
Surfing MMA Other _____

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

info@crossroadsalliance.org

Applicant Name: _____

Signature of person filling out form: _____

Date: _____

EDUCATION - Grant Request

Itemized Cost of Request: please be specific as possible

Example: Item #1 – Crossfit Movement and Mobility Seminar - \$395.00

Item #2 – NSCA CPT test - \$420.00

Total Request \$715.00

Item #1 _____ Cost \$ _____

Item #2 _____ Cost \$ _____

Item #3 _____ Cost \$ _____

Item #4 _____ Cost \$ _____

Item #5 _____ Cost \$ _____

Item #6 _____ Cost \$ _____

Total Grant Request \$ _____

(\$ US Dollars)

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

- | | | | |
|---|--|---|--|
| Cycling <input type="checkbox"/> | Running <input type="checkbox"/> | Triathlon <input type="checkbox"/> | Track & Field <input type="checkbox"/> |
| Volleyball <input type="checkbox"/> | Alpine Skiing <input type="checkbox"/> | X-Country Skiing <input type="checkbox"/> | Tennis <input type="checkbox"/> |
| Basketball <input type="checkbox"/> | Rugby <input type="checkbox"/> | Football <input type="checkbox"/> | Swimming <input type="checkbox"/> |
| Functional Fitness <input type="checkbox"/> | Powerlifting <input type="checkbox"/> | Olympic Lifting <input type="checkbox"/> | Body Building <input type="checkbox"/> |
| Golf <input type="checkbox"/> | Hockey <input type="checkbox"/> | Soccer <input type="checkbox"/> | Baseball <input type="checkbox"/> |
| Surfing <input type="checkbox"/> | MMA <input type="checkbox"/> | Other <input type="checkbox"/> | _____ |

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

info@crossroadsalliance.org

Applicant Name: _____

Signature of person filling out form: _____

Date: _____