

2019 COREY HOOD FOUNDATION GRANT APPLICATION

PLEASE PRINT LEGIBLY

APPLICANT INFORMATION—to be filled out by the parent/guardian

Participant's First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Postal code: _____

County: _____ Date of Birth: _____(mm/dd/yyyy)

Daytime Phone: (____) _____ E-Mail: _____

**If you do not have e-mail, please write "No email"

Gender: Male Female

Parent/Guardian Name (if applicable) : _____

Please circle all that apply: Gold Star Family Wounded Veteran Disability

PAST/PRESENT GRANT INFORMATION

How did you find out about The Corey Hood Foundation (please specify from whom/what)

If you or your child is a past Corey Hood Foundation grant recipient, what year did you/he/she receive the grant? _____

*Please submit a letter of past Corey Hood Foundation grant recipient explaining how the grant benefited the recipient.

If you or your child is a past Corey Hood Foundation grant recipient, how much was the last grant for? _____

MANDATORY INFORMATION TO BE INCLUDED WITH APPLICATION

The following information is mandatory in order to process this application:

Note: materials will not be returned.

1. REFERENCE LETTERS: Include two letters of reference along with phone numbers.

One letter must come from a physician verifying the participant's qualifying physical/mental challenge. The other must be from a fellow athlete, peer, physical therapist, family member, teacher or coach.

REFERENCE NAME (of letter attached)	SOURCE (coach, teacher, etc.)
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1. _____	_____
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2. _____	_____
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2. Participant's UPDATED biography or story (1-3 paragraphs about you or your child).

If the participant is a child, we prefer this is written by the child if at all possible.

3. If the participant has participated in the sport before, please provide information on this.

4. A photo of the participant.

DISABILITY INFORMATION

The participant's physical disability: (please circle all that apply)

Amputee	Visually Impaired	
Cerebral Palsy	Autism	Asburger's
Polio	Paraplegic	Quadriplegic
Spina Bifida	Down Syndrome	Other _____

List specific physical disability (optional) _____

(ex: right below knee amputee, T10 Paraplegic)

Date of disability? _____

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

Cancer	Congenital	Trauma	Non-Cancer Disease	Other
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SPORTS INFORMATION—to be filled out by the participant.

What sport do you wish to participate in? (circle one)

Traditional Skydiving Indoor Skydiving

What kind of athlete do you consider yourself? (circle one)

Beginner Intermediate Advanced Elite

What is your short-term goal in the sport of your choice?

What is your long-term goal in the sport of your choice?

What is your Motto or words to live by?

Please list any volunteer or community service work you or your family is involved in:

Please list any other cash sponsorships or grants you have received in the last year or expect to receive.

WAIVER AND TRUTH STATEMENT

“Any decision by The Corey Hood Foundation as to 1) whether or not a grant is to be awarded and 2) if awarded, in what amount and the terms and conditions attaching thereto, shall be made in the sole and absolute discretion of The Corey Hood Foundation. By your submission of this grant application to The Corey Hood Foundation you agree to be bound by the decision of The Corey Hood Foundation and indemnify and hold The Corey Hood Foundation harmless from any and all claims, actions and/ or causes of action arising directly or indirectly as a result of The Corey Hood Foundation’s decision.

The Corey Hood Foundation uses grantee bios and photos to assist in fundraising efforts to complete our mission. The Corey Hood Foundation reserves the right to use you or your child’s bio and photos upon acceptance of application.

The statements and answers given in this grant application are true and correct. I understand that misstatements in this grant application could cause this application to be denied.

Participant/Parent/Guardian Name Printed _____

Participant/Parent/Guardian Signature _____ Date _____