



# Texas Stampede Foundation Grant Application

(Grants processed within 90 days/ please print legibly)

## Application Information:

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Country:

Daytime phone:

Email:

## Military / First Responder Information:

Military: What Branch of the military did/ do you serve?

- USMC    USCG    NAVY    ARMY    USAF  
 National Guard

Are you currently on active duty?

Were you injured as a result of your military duty?

Are you eligible to receive VA benefits?

First Responder: What category of First Responder did you serve?

- Police    Fire    Paramedic/Medical    Federal Law Enforcement

## Stampede Foundation Information:

How did you find out about the Texas Stampede Foundation?

Have you previously been funded through the Texas Stampede Foundation? Yes / no

If yes, when?

If yes, how much did you receive?

## Mandatory Information to be included with Application:

1. Reference Letters: Include two letters of reference along with contact information. One letter submitted by qualified medical personnel verifying your physical disability. Second letter from a coach, commanding officer, fellow athlete, peer or family member.

Reference Name (of attached letter) Source (coach, physician, etc.) Organization  
1. \_\_\_\_\_  
2. \_\_\_\_\_

2. Your biography/ story (1-3 paragraphs about yourself)  
 3. Your competition record, if applicable  
 4. A photo of yourself in your sport chair  
 5. Press or media information, if available

## Disability Information:

Your Physical Disability (please check all that apply)

- |                                               |                                              |                                                     |
|-----------------------------------------------|----------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Amputee, above elbow | <input type="checkbox"/> Amputee, above knee | <input type="checkbox"/> Blind or visually impaired |
| <input type="checkbox"/> Amputee, below elbow | <input type="checkbox"/> Amputee, below knee | <input type="checkbox"/> Paraplegic                 |
| <input type="checkbox"/> Quadriplegic         | <input type="checkbox"/> TBI                 | <input type="checkbox"/> Other                      |

List specific physical disability information: \_\_\_\_\_  
(ex . Above left arm amputee, T12 Paraplegic, C5-C6 Quadriplegic)

Date of disability (optional): \_\_\_\_\_

How did you acquire your physical disability? (Please check one)

- IED/ Landmine     Vehicle Accident     Small Arms Fire     Other

## Sports Information:

What is your Primary Sport?     Cycling     Running Triathlon     Track & Field

Volleyball     Alpine Skiing     Cross Country skiing     Tennis     Basketball

Rugby     Football Soccer     Swimming     Golf     Hockey

Baseball     Surfing     Water Sports     MMA     Other

How long have you participated in your sport? \_\_\_\_\_

Athletic Level:     Beginner     Intermediate     Advanced     Elite

Have you competed in the Paralympic Games? Yes    No

Year (s): \_\_\_\_\_ Sport (s): \_\_\_\_\_

**Supplemental Information:**

Please include the following with your application:

Detailed description of how grant will be used

Personal bio with personal and athletic goals

Summary of First Responder or Military Career

Proof of service (DD214, Badge #, letter from employer, etc.)

**Funded Grant Categories & Amounts (Please select one)**

Clinics/ Training: \$500  
Description of use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Equipment: Amount Varies  
Description of use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Competition: \$500  
Description of use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**Employment Information:**

Is applicant currently employed?  Yes  No

Who is your employer? \_\_\_\_\_

Is applicant currently a full-time student? \_\_\_\_\_

Please provide any additional, or special circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

# Texas Stampede Foundation Grant Application

## Financial Statement for Income

All applicants 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.

Please check which proof of income you are including with this application (copies accepted)

Tax Return     W-2     Social Security Disability Insurance Statement (SSDI)

All information provided is confidential; however, feel free to cross out SSN or personal information. You can also attach additional information such as household budgets, assets and income if you wish.

Annual Household Gross Income (income before taxes)

Source of Income (please include all sources of income):

Annual Gross Amount:

1) \_\_\_\_\_ \$ \_\_\_\_\_

2) \_\_\_\_\_ \$ \_\_\_\_\_

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

<b><u>Living Expenses</u></b>	<b><u>Monthly Amount</u></b>
Rent/ Mortgage	\$ _____
Utilities	\$ _____
Loans (car, personal, etc)	\$ _____
Food/ general living	\$ _____
Childcare	\$ _____
Medical	\$ _____
Transportation (Gas, maintenance)	\$ _____
Other	\$ _____

Number of dependents: \_\_\_\_\_

Total monthly living expenses \$ \_\_\_\_\_ (x) 12 = Annual Living Expenses \$ \_\_\_\_\_

Annual Sports Budget \$ \_\_\_\_\_

**Total Annual Expenses \$ \_\_\_\_\_**

**Total Annual Gross Household Income \$ \_\_\_\_\_**

**If awarded the TSF Grant, you agree (and must) submit receipts to ensure the grant funding was for the approved category.**

**Waiver of Release**

I, \_\_\_\_\_ on behalf of my spouse, personal representatives, assigns, heirs, distributes, relatives, guardians, and next of kin (collectively the Waiving Parties), and in consideration of the following, hereby declare that I am aware of and voluntarily assume the risks involved sport with the acceptance of the Stampede Foundation Grant”.

I also release and waive any responsibility of the “Texas Stampede Foundation”, its officers, managers, members, directors, volunteer representatives and agents. I waive any and all claims, actions, demands, causes of action, or law suits of any kind or nature that I, or any of the “Waiving Parties”, now have or may hereinafter have.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For submission, please send to:**

Texas Stampede Foundation  
307 Creekside Cove  
Cedar Park, TX. 78613  
(512) 791-2644

application@TEXASSTAMPEDEfoundation.org

[fearthestear.org](http://fearthestear.org)