

**TRIPLE CROWN CANCER FOUNDATION  
BASEBALL FINANCIAL AID APPLICATION**

NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HIGH SCHOOL / MIDDLE SCHOOL ATTENDING: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_

SELECT/TRAVEL ORGANIZATION YOU PLAY FOR: \_\_\_\_\_

DIRECTOR OF ORGANIZATION: \_\_\_\_\_

ADDRESS (ORGANIZATION): \_\_\_\_\_

\_\_\_\_\_

PHONE (ORGANIZATION): \_\_\_\_\_

PERSON IN IMMEDIATE FAMILY DIAGNOSED WITH CANCER: \_\_\_\_\_

TREATING PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

BRIEF DESCRIPTION OF HOW THIS DIAGNOSIS HAS AFFECTED YOUR FINANCES, AS IT PERTAINS TO BASEBALL.

BRIEF DESCRIPTION OF WHERE HELP IS NEEDED, AS IT PERTAINS TO BASEBALL.