



Please complete the following information to nominate an athlete for a sponsorship through the Caden's Warriors Foundation. Each section is required unless otherwise noted. Incomplete applications will be returned for resubmission.

Applications should be submitted at least 30 days prior to team/league deadlines to allow for board review and funds to be dispersed if approved. Thank you, and we look forward to supporting your athlete this season!

ATHLETE INFORMATION (Required)

Athlete's Full Name _____

Athlete's Current Age _____

School Name _____

Current Grade _____

Sport Applying For _____

Team/League Name (if applicable) _____

Season or Session Dates _____

PARENT/GUARDIAN INFORMATION (Required)

Parent/Guardian's Full Name _____

Relationship to Athlete _____

Phone Number _____

Email Address _____

Mailing Address _____

NOMINATOR INFORMATION (if different than parent/guardian)

Name of person nominating the athlete _____

Phone Number _____

Email Address _____

Relationship to Athlete _____

FINANCIAL ASSISTANCE REQUEST (Required)

Which of the following are you requesting assistance with:

(Select all that apply)

☐ Registration fees in the amount of \$ _____

☐ Uniforms in the amount of \$ _____

☐ Equipment in the amount of \$ _____

Please list equipment needed: _____

☐ Other (please list items and dollar amounts) _____

Estimated total cost of participation \$ _____

Total amount you are requesting \$ _____

Deadline for fees to be submitted to the organization: _____

Name and address of the league or organization funds can be mailed to:

FINANCIAL NEED (Required)

Is the child eligible for free or reduced-price lunch at school?

☐ Yes

☐ No

Briefly explain why you are seeking assistance (Required):

How did you hear about Caden's Warriors? (Optional)

****If the athlete is selected, funds will be paid directly to the organization or merchant.**

****Please submit the application *at least 30 days prior* to any deadlines in order to allow for board review and funds to be dispersed if approved.**

By submitting this application, I certify that the information provided is true to the best of my knowledge. I understand that submission does not guarantee approval.

Nominator Signature _____

Date _____