



**Ross Powers Foundation**

A non-profit foundation for athletes with financial need.

**CHARITABLE GRANT APPLICATION**

1. Please complete this application
2. Attach a copy of your most recent tax return, and
3. Mail to:

**ROSS POWERS FOUNDATION**

P.O. Box 277

Londonderry, VT 05148

**Applicant Information**

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

Birth date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

Social Security Number or Tax Identification Number of Applicant:  
\_\_\_\_\_

**Parent or Legal Guardian Information** (if Applicant is under 18 years of age)

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

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

ROSS POWERS FOUNDATION  
www.rosspowersfoundation.org  
P.O. Box 277  
Londonderry, VT 05148  
info@rosspowersfoundation.org



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**Grant Application & Athletic Information**

Sport in which Applicant participates:

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Name(s) and address(es) of team(s) or organization(s) of which Applicant is a member:

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Other sponsors, businesses, or charitable organizations from which Applicant has received grants or financial support: \_\_\_\_\_

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Name and location of the athletic training opportunity, competition or event in which Applicant desires to participate: \_\_\_\_\_

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Name, address and telephone number of the Organization that sponsors or sanctions the competition or event: \_\_\_\_\_

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Eligibility criteria for participation in the competition or event (please attach any available documentation that sets forth the eligibility criteria for participation in the competition or event):

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Has Applicant already qualified for the competition or event?      **Y**      **N**

If Applicant has not qualified for the competition or event, what requirements must Applicant satisfy in order to qualify? \_\_\_\_\_

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Please provide a proposed budget setting forth the expenses that the Applicant expects to incur by training for or participating in the competition or event:

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Please provide an explanation as to why a grant is necessary to enable the Applicant to train for or participate in the competition or event:

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Please arrange for a coach (which whom the Applicant has worked in the past year), the governing organization of Applicant's sport, or the sanctioning organization, the particular training opportunity, competition or event, to send to the Amateur Athlete Support Foundation a brief statement describing the Applicant's prior competitive experience and attesting to the Applicant's eligibility for and ability to compete in the competition or event. Please disclose any relationship Applicant may have with any officers, trustees or donors of funds to the Ross Powers Foundation:

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**I, \_\_\_\_\_, do attest that the information contained in this application and in any attachments made as part of this application are true and correct to the best of my knowledge.**

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant's Parent or Legal Guardian (If Applicant is under 18 years of age)  
\_\_\_\_\_ Date: \_\_\_\_\_