

Olympians for Olympians Relief Fund

Application for Assistance (OORF grant request form)

Must be completed in full, signed and faxed to 719-866-2046 or emailed to Cindy.Stinger@USOC.org

Requesting Olympian's Name:

Olympic Sport(s):

Olympic Year(s):

Address:

Address 2:

City, ST, Zip:

Social Security #:

Phone (Home/Work):

Mobile Phone:

Email:

Additional references:

Closest Family Member:

Relationship:

Contact info:

Olympian Endorser:

Endorser's Olympic year and sport:

Relationship with Requesting Olympian:

Endorser Contact Info:

Please describe the **circumstances of your hardship**, in some detail: The reason for your request must be a personal loss, injury, accident or illness, or resulting from a natural disaster. Events that might be considered a result of choices made by you may prevent a grant from being considered. Grants benefitting family members will not be considered, grants to pay for burial expenses for the Olympian, may, in special circumstances, be considered.

Use of funds: Please describe what you intend to do with the granted funds: (Examples may include: pay off medical bills, repair or replace necessary equipment, bring past due bills current, purchase prescription medications, reimburse personal loans, or pay funeral costs.)

Personal need: Please describe your current financial situation including your annual income, personal savings, your current health insurance coverage (including the deductible amount), your employment situation (including back pay or paid time off), and any other sources of funds that you may have already pursued (loans from friends or family).

Feel free to attach any supporting documents (which may include: medical bills, past due notices or insurance reports). The more corroboration you submit, the more likely you are to receive a generous grant.

Additional supporting documents are attached? (circle one): yes/no

Have you ever applied for an OORF grant? (circle one): yes/no (If so, when?)

An Olympian Endorsement statement is attached (circle one): yes/no

PLEASE READ BEFORE SIGNING:

I certify this application form has been completed by me, and is true and correct. I authorize any member(s) of the OORF Grant Committee to investigate as necessary, any statements made in this application in order to make a determination regarding my grant request. I understand that I will be notified in writing on the disposition of my request. Further, I hold harmless the USOC and the OORF Board of Directors, and all committee members from any and all liability resulting from the disclosure, investigation or subsequent disposition of this request for assistance.

Requesting Olympian signature _____ Today's date: _____