



Olympians for Olympians Relief Fund OORF

Application for Assistance (OORF grant request form)

Must be completed in full, signed and emailed/scanned and sent to Cindy.Stinger@USOC.org

Olympian/Paralympian Name:

Olympic/Para Sport(s):

Olympic/Para 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/Paralympian Endorser:

Endorser's Olympic/Para year and sport:

Relationship with Olympian/Paralympian:

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 of some sort. 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 but grants to pay for burial expenses for the Olympian/Paralympian, 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 attach forms that show 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 unused vacation days), and any other sources of funds that you may have already pursued (loans from friends or family).

Please 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 grant.

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

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

An Olympian/Paralympian 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 USOPC and the OORF Board of Directors, and all committee members from all liability resulting from the disclosure, investigation or subsequent disposition of this request for assistance.

Olympian/Paralympian signature _____ Today's date: _____