



FRONTLINE TO FINISH LINE™

GRANT APPLICATION

Grants distributed within 90 days of each submission

PLEASE PRINT LEGIBLY

Applicant Information

First:

Last:

Address: (line one)

City:

State:

Postal code:

Country:

Date of Birth:

Daytime Phone:

E-Mail:

(CAF communicates regularly via e-mail. If you do not have e-mail, please write "No email")

Sex: Male ☐ / Female ☐

Ethnicity (optional) Please check one:

White ☐

Latino ☐

Black ☐

Native American ☐

Indian ☐

Asian ☐

Mixed/Other ☐

Eligibility Information

Military: What branch of the military did/do you serve?

USMC ☐

USCG ☐

NAVY ☐

ARMY ☐

USAF ☐

National Guard ☐

Are you currently on active duty? Yes ☐ / No ☐

Were you injured as a result of your military duties involving the conflicts in Iraq, Afghanistan, or other theater in the Global War on Terror? Yes ☐ / No ☐

Are you eligible to receive VA benefits? Yes ☐ / No ☐

Law Enforcement: In what category of law enforcement did/do you serve?

Police ☐

Fire ☐

Paramedic ☐

Federal Law Enforcement ☐

Challenged Athletes Foundation Information

How did you find out about the CAF? (please specify from whom/what)

How many years have you been funded through CAF?

If you are a past CAF grant recipient, what year did you receive your last grant?

If you are a past CAF grant recipient, how much was your last CAF grant for?

Mandatory Information to be Included with Application

The following information is **MANATORY** to include with your application:

Note: submitted materials, photos, news clippings, etc. will not be returned.

(Please check each box after including each item)

- ☐ **1. REFERENCE LETTERS:** Include two letters of reference along with phone numbers. One letter must come from a qualified medical personnel verifying your physical challenge. The other from a coach, commanding officer, fellow athlete, peer or family member.

REFERENCE NAME (of letter attached)	SOURCE (coach, physician, etc.)	ORGANIZATION
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- 1.

- 2.

- ☐ 2. Your **UPDATED** biography or story (1-3 paragraphs about yourself)
- ☐ 3. If you have competed in your sport before, please let us know your results
- ☐ 4. A photo of yourself, preferably in your sport or at play
- ☐ 5. (Optional) Other printed press clippings (NO CDs or DVDs please)

Disability Information

Your physical disability? (Please check all that apply)

- ☐ Amputee, above elbow ☐ Amputee, above knee ☐ Blind or Visually Impaired
☐ Amputee, below elbow ☐ Amputee, below knee ☐ Paraplegic
☐ Quadriplegic ☐ TBI ☐ other

List specific physical disability (optional)

(ex: right below knee amputee, T10 Paraplegic)

Date of disability?

How did you acquire your physical disability? (Please check) ☐ IED/Landmine

- ☐ Small Arms Fire ☐ Vehicle Accident ☐ Car Bomb ☐ Other

Sports Information

What is your primary sport? ☐Cycling ☐Running ☐Triathlon ☐Track & Field
☐Volleyball ☐Alpine Skiing ☐X-Country Skiing ☐Tennis ☐Basketball ☐Rugby
☐Football ☐Swimming ☐Golf ☐Hockey ☐Soccer ☐Baseball ☐Surfing
☐Water Sports ☐MMA ☐Other

How long have you been participating in your sport?

What kind of athlete do you consider yourself? ☐ *Beginner* / ☐ *Intermediate* / ☐ *Advanced* / ☐ *Elite*

Have you competed in the Paralympic games? Yes ☐ / No ☐

Year(s)	Sport(s)
1992	Swimming
1996	Swimming
2000	Swimming
2004	Swimming
2008	Swimming
2012	Swimming
2016	Swimming
2020	Swimming

Supplemental Information

Please attach the following to your grant application:

- ☐ A **brief** bio about yourself with your personal and athletic goals.
- ☐ A **brief** summary of your military or law enforcement history and any noteworthy information.
- ☐ A statement on how you are planning to raise awareness for “Operation Rebound” and the Challenged Athletes Foundation.
- ☐ Proof of service; i.e., DD 214, badge #, letter from employer, etc.

Waiver and Truth Statement

“Any decision by Challenged Athletes, Inc. (CAF) as to : i) whether or not a grant is to be awarded and ii) if awarded, in what amount and the terms and conditions attaching thereto, shall be made in the sole and absolute discretion of CAF. By your submission of this grant application to CAF, you agree to be bound by the decision of CAF and indemnify and hold CAF harmless from any and all claims, actions and/ or causes of action arising directly or indirectly as a result of CAF’s decision.”

CAF uses grantee bios and photos to assist in fundraising efforts to complete our mission. If you do not authorize CAF to use your photos and/or bio please check here: ☐ **DO NOT USE MY BIO OR PHOTO(S)** If left unchecked CAF reserves the right to use your bio and photos. The statements and answers given in this grant application are true and correct. I understand that misstatements in this grant application could cause my application to be denied.

Signature _____ Date _____

If you have any questions regarding the Challenged Athletes Foundation’s OPERATION REBOUND grant application, please contact:

Operation Rebound

Challenged Athletes Foundation
9591 Waples Street
San Diego CA 92121

p 858.210.3525

f 858.875.0211

nico@challengedathletes.org

► Applicant Name:

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CAF Grant Application Financial Statement for Income

You **MUST** provide financial information and proof of income in order to be considered for a grant. Financial information may only be used to help determine need for support.

Please check which proof of income you are including with this application (copies accepted).

Tax Return ☐ W-2 ☐ Social Security Disability Insurance (SSDI) Statement ☐

All information provided is confidential; however, feel free to cross out SSN or personal information.
You can also attach additional information such as household budgets, assets and income if you wish.

Annual Gross HOUSEHOLD Income (income before taxes)

Source of Income: please include ALL HOUSEHOLD INCOME (parent, step-parent, spouse, domestic partner, etc.)

Annual Gross Amount:

1) \$

2) \$

Annual household living expenses (*Please attach additional information, if necessary*)

<u>Living Expenses</u>	<u>Monthly Amount</u>
Rent/Mortgage	\$
Utilities	\$
Loans (car, personal, etc)	\$
Food/general living	\$
Childcare	\$
Medical	\$
Transportation (Gas, maintenance)	\$
Other	\$

Number of dependants

Total **Monthly** Living Expense \$ x 12 = Annual Living Expenses \$

Annual Sports Budget \$

Total Annual Expenses \$

Total Annual Gross Household Income \$

Is applicant currently employed? Yes ☐ / No ☐ **Who is your employer?**

Is applicant currently a full-time student? Yes ☐ / No ☐ **If yes, where?**

Do you have special financial circumstances? Please explain.

Signature of person filling out form: _____ **Date:**

► **Applicant Name:**

COMPETITION - Grant Request

Itemized Cost of Request: please be specific as possible

Example: Item #1 – airfare from San Diego to Boston - \$305.00

Item #2 – registration fee for Boston marathon - \$120.00

Total Request \$425.00

Item #1 Cost \$

Item #2 Cost \$

Item #3 Cost \$

Total Grant Request \$
(\$ US Dollars)

Name of event:

Location of event:

Date of event:

(Please check which event best describes your competition / travel request):

Travel event

- ☐ Paralympics
☐ World Championships
☐ National Championships

Travel event

- ☐ Regional competition
☐ Qualifying competition
☐ General competition event

What is the sport or physical activity you are requesting a grant for? (select one)

- ☐ Cycling ☐ Running ☐ Triathlon ☐ Track & Field ☐ Volleyball ☐ Alpine Skiing
☐ X-Country Skiing ☐ Tennis ☐ Basketball ☐ Rugby ☐ Football ☐ Swimming
☐ Golf ☐ Hockey ☐ Soccer ☐ Baseball ☐ Surfing ☐ Water Sports ☐ MMA
☐ Other

Remember if you receive a CAF grant, you MUST submit receipts to prove the grant money was used for the approved item.

Form Submission:

FAX: 858.875.0211

Mail:

Operation Rebound
Challenged Athletes Foundation
9591 Waples Street
San Diego, CA 92121

► **Applicant Name:**

TRAINING - Grant Request

Itemized Cost of Request: please be as specific as possible

Example: item #1 – swim lessons – 4 lessons @ \$30 each = \$120.00

Item #1 Cost \$

Item #2 Cost \$

Item #3 Cost \$

Total Grant Request \$
(\$ US Dollar)

What is the sport or physical activity you are requesting a grant for? *(select one)*

- ☐ Cycling ☐ Running ☐ Triathlon ☐ Track & Field ☐ Volleyball ☐ Alpine Skiing
☐ X-Country Skiing ☐ Tennis ☐ Basketball ☐ Rugby ☐ Football ☐ Swimming
☐ Golf ☐ Hockey ☐ Soccer ☐ Baseball ☐ Surfing ☐ Water Sports ☐ MMA
☐ Other

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San Diego, CA 92121

► **Applicant Name:**

EQUIPMENT - Grant Request

Itemized Cost of Request: Please be as specific as possible

(example: item #1 – Exceleator XLT GOLD - \$3600.00)

Item #1 Cost \$

Item #2 Cost \$

Item #3 Cost \$

Total Grant Request \$
(\$ US Dollars)

- Please note that equipment value will match your athletic endeavors and accomplishments. If you are at a recreational level of play, you will be awarded a recreational valued equipment grant.

(Please check which best describes your equipment request):

Equipment

Sports equipment ☐
Tennis chair ☐
Rugby chair ☐
Prosthetic Foot ☐
Prosthetic Knee ☐
Prosthetic Arm ☐
Spinergy Wheels ☐

Equipment

Racing wheelchair ☐
Basketball chair ☐
Off-Road chair ☐
Monoski ☐
Road/ Mtn / Tri Bicycle ☐
Hand cycle ☐
Other ☐

What is the sport or physical activity you are requesting a grant for? *(select one)*

☐Cycling ☐Running ☐Triathlon ☐Track & Field ☐Volleyball ☐Alpine Skiing
☐X-Country Skiing ☐Tennis ☐Basketball ☐Rugby ☐Football ☐Swimming
☐Golf ☐Hockey ☐Soccer ☐Baseball ☐Surfing ☐Water Sports ☐MMA
☐Other

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