

2021 J-Rob Foundation, Inc. Grant Application

PLEASE PRINT LEGIBLY

Applicant Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Postal code: _____

County: _____

Date of Birth: _____ (mm/dd/yyyy)

Daytime Phone: (____) _____

E-Mail: _____

Gender: Male Female

Ethnicity (optional) Please circle one:

White Hispanic Black Native American Indian Asian Other _____

Parent/Guardian Name:

Parent/Guardian E-mail:

How did you find out about the J-Rob Foundation Inc.? (please specify from whom/what) _____

If your child is a past J-Rob Foundation Inc. grant recipient, what year did he/she receive his/her last grant? _____

Please submit a letter if past J-Rob Foundation Inc. grant recipient explaining how the grant benefited your child. Please include in the statement how much the grant was for and what the grant was used for.

Sport Information

What is your primary sport? _____

How long have you been participating in your sport? _____

What kind of athlete do you consider yourself? (*circle one*)

Beginner *Intermediate* *Advanced* *Elite*

Supplemental Information.

What is your short-term goal in the sport of your choice?

What is your long-term goal in the sport of your choice?

What is your Motto or words to live by?

Please list any volunteer or community service work you or your family is involved in:

Please list any other cash sponsorships or grants you have received in the last year or expect to receive in this calendar year:

Waiver and Truth Statement

“Any decision by J-Rob Foundation, Inc. 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 the J-Rob Foundation, Inc. By your submission of this grant application to J-Rob Foundation, Inc

you agree to be bound by the decision of the J-Rob Foundation, Inc. and indemnify and hold J-Rob Foundation, Inc. harmless from any and all claims, actions and/ or causes of action arising directly or indirectly as a result of J-Rob Foundation Inc.’s decision.”

J-Rob Foundation, Inc. uses grantee bios and photos to assist in fundraising efforts to complete our mission. If you do not authorize J-Rob Foundation, Inc. to use your child's photos and/or bio please check here.

DO NOT USE MY CHILD'S BIO OR PHOTO(S)

If left unchecked, J-Rob Foundation, Inc. reserves the right to use your child's 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 this application to be denied.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name Printed

Adaptive Sports Opportunity- Grant Request

This grant can be used to fund adaptive sports camps, competition or traveling funds, or other adaptive sports opportunities.

ONLY FILL OUT **ONE** OF THE GRANT REQUESTS

Itemized Cost of Request: please be specific as possible

*Example: Item #1 – airfare from New York to San Diego - \$305.00
Item #2 – registration fee for Sports camp - \$120.00
Total Request \$425.00*

Item #1 _____ \$ _____

Item #2 _____ \$ _____

Item #3 _____ \$ _____

Total Grant Request \$ _____
(\$ US Dollars)

Name of camp: _____

Location of camp: _____ *Date of camp: _____

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

Please note that due to the volume of requests we receive we may not be able to provide the full funding amount. By applying for this grant you accept the stipulation that you may not receive the full amount requested.

Remember if you receive a J-Rob Foundation, Inc. grant, you MUST submit receipts to prove the grant money was used for the approved activities. If at all possible payments will be made directly to the organization hosting the camp or training opportunity.

EQUIPMENT - Grant Request

ONLY FILL OUT ONE OF THE GRANT REQUESTS

Itemized Cost of Request: PLEASE BE AS SPECIFIC AS POSSIBLE

(example: item #1 – Exceleator XLT GOLD - \$2500.00) You are limited to one equipment item. (ie handcycle or racing wheelchair)

Item _____ Cost \$ _____

Total Grant Request \$ _____
(\$ US Dollars)

Please provide a minimum of one quote from the vendor for the equipment you are requesting. The quote should be dated no more than 30 days from the date of the application.

Cash reimbursement for equipment grants are not given for these items. We will pay the distributor directly. Please allow 2 years in between equipment requests.

- 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.
- Also, prosthetic grants are for the prosthetic item only and a minimal amount of the prosthetic company costs (sockets, labor, etc). Therefore, if applying for a prosthetic, please include prosthetic company name, address, telephone number and the name of your prosthetist so we may verify their understanding of the grant. This information needs to be included with the grant so J-Rob Foundation, Inc. can discuss possible reduced costs with your prosthetist. Prosthetics are limited to non-bionic sports prosthesis – mechanical only.

Please note that due to the volume of requests we receive we may not be able to provide the full funding amount. By applying for this grant you accept the stipulation that you may not receive the full amount requested. An award letter will be mailed to you with the decision of the grant committee. If awarded a grant, please read the letter carefully and follow any directions it may contain in regards to the acceptance of the grant.

Please note that we are happy to provide support and guidance in any way that we can to assist you in picking the right piece of equipment for your child if you are in need of that support. Please don't hesitate to contact us if we can provide any assistance.

Mandatory Information to be Included with Application

The following information is **mandatory** in order to process your application:

Note: materials will not be returned.

1. **REFERENCE LETTERS:** Include **two letters of reference** along with contact information. **One letter must come from a physician verifying the child's qualifying physical challenge.**
The other must be from a fellow athlete, peer, physical therapist, family member, teacher or coach.
2. **Please include a short biography, sharing how this equipment will help you in you reach either your athletic goals. Please provide information about how you have participated in this sport before. If you are just beginning, please share how your interest in this spot came about.**
3. **Please provide a photo of yourself, preferably participating in the sport you are requesting equipment for.**
4. **If you are applying for an equipment grant please include at least one quote for the equipment that you are requesting. The quote should be no more than 30 days old.**