



ATHLETE RECOVERY FUND
a 501 (c)3 non profit corp

Athlete Application Grant

First Name _____ Last Name _____

Address line 1 _____

Address line 2 _____

City _____ State _____ Zip Code _____

Email _____ Phone _____

Cell Phone _____ Birth Date _____

Gender Male Female Marital Status _____

Name of person filling out application _____

Relationship to applicant _____

Injury Level _____ Injury Date _____

Cause of Injury _____

Extent of Injury _____

Prognosis _____

Name of Hospital (if applicable) _____

Athlete Application Grant - continued

Hospital Address _____

Room Number _____ Contact Person _____

Social Worker's Name _____ Physician's Name _____

Briefly explain your immediate needs and concerns _____

How did you hear about us? _____

Are you a paid professional in your sport? Yes No

Who is your sponsor or sponsors? _____

Waiver & Truth Statement

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.

I Agree Yes No

Fax completed application to:

(714) 908-0312

Or mail to:

Athlete Recovery Fund

18685 - 101 Main St.

PMB #361

Huntington Beach, CA 92648