

Bridging gaps in funding for uniquely talented athletes

GRANT APPLICATION

Please complete this application in full and submit it along with a **copy of your (or your family's) most recent federal tax return** and any additional supporting documents.

You may submit your application packet electronically to info@levelfieldfund.org, or by USPS to the following address:

THE LEVEL FIELD FUND

P.O. Box 7532 Portland, ME 04112-7532

Please <u>do not</u> send with signature required.

All personal information submitted will be kept strictly confidential.

GENERAL INFORMATION Full Name: Mailing Address: Contact Tel. #: E-mail Address: Birth Date: Social Security Number or Tax Identification Number of Applicant: PARENT OR LEGAL GUARDIAN INFORMATION (if Applicant is under 18 years of age) Name: Mailing Address: E-mail Address:



APPLICANT NAME:	

ΑT	HLETIC INFORMATION
Sp	ort for which Applicant is seeking support:
Na	me(s) and contact information for the Applicant's current coach(es) and/or advisor(s):
Na	me(s) and contact information for team(s)/organization(s) of which Applicant is a member
Do	es the Applicant understand the NCAA Bylaws regarding amateur eligibility? Yes No
Ple	ease share the Applicant's current NCAA amateur eligibility status: Eligible Ineligible Unsure
Lis	t Applicant's <i>top three</i> athletic performances to date; starting with the most recent:
1.	Name of Competition or Event / Location / Date
	Discipline / Finish Place
	Other relevant information
2.	Name of Competition or Event / Location / Date
	Discipline / Finish Place
	Other relevant information
3.	Name of Competition or Event / Location / Date
	Discipline / Finish Place
	Other relevant information



APPLICANT NAME:
Describe Applicant's current training environment, including the number of years with curre approach, frequency and types of workouts, coaching, and planned competitions (pleas attach additional pages to application as needed):
List Applicant's goals for the next year as well as any longer-term goals (please attacadditional pages to application as needed):
Please briefly explain how a grant from the Level Field Fund will help the Applicant reach the goal(s):
FINANCIAL INFORMATION Provide your, or your family's, adjusted gross income as last reported to the Internal Revenu Service on your, or your family's, last federal tax return, including the amount and date filed
Provide the names of other sponsors, businesses, or charitable organizations from which the Applicant has received support, along with a full description of the financial support (pleas attache additional pages to application as needed):



APPLICANT NAME:	

Provide a detailed budget setting forth the expenses that the Applicant expects to incur for the competition(s)/event(s) for which he/she is seeking funding. Please work from the following template, and attach additional pages to the application as needed:

Competition	n / Event				
Location an	nd Date(s)				
Entry fee	\$				
Airfare	\$				
Lodging					
Ground tran					
Meals	\$				
Estimated t	otal for this competition / event \$	3			
Competition	n / Event				
	n and Date(s)				
Entry fee	\$				
Airfare	\$				
Lodging					
Ground tran	Ground transportation / Gas \$				
Meals	\$				
Estimated t	otal for this competition / event \$	<u> </u>			
Competition	n / Event				
	ocation and Date(s)				
Entry fee					
Airfare					
Lodging	_				
Ground transportation / Gas \$					
Meals \$					
Estimated t	otal for this competition / event \$	S			



APPLICANT NAME:

Provide the name(s) and contact information for the sponsoring or of the competition or event for which the Applicant is seeking supp		g organization
Has Applicant already qualified for the competition(s) or event(s)?	Yes	No
If not already qualified, list any requirements Applicant must satisfy	in order to	qualify:
		

Please arrange for a coach (with whom the Applicant has worked with in the past year), a representative of the governing organization of Applicant's sport, or a member of the sanctioning organization for the particular competition(s) or event(s), to submit a brief statement describing the Applicant's prior competitive experience and attesting to the Applicant's eligibility for and ability to compete in the competition or event for which the Applicant is requesting support from the Level Field Fund. The supporting statement can be submitted along with this application, or sent to us separately either by email at info@levelfieldfund.org or by mail to:

P.O. Box 7532 Portland, ME 04112-7532

Please complete and submit the attached Applicant's Income and Expenses Breakdown form on page 7.



DISCLOSURES

Please disclose any relationship Applicant may have with any officers, trustees or dono funds to the Ross Powers Foundation:			
I, the statements and information contained in made as part of this application are true and			
Signature of Applicant:	Date:		
Signature of Parent or Legal Guardian (If Applic	cant is under 18 years of age):		
	Date:		

QUESTIONS

Any questions related to this application can be submitted to info@levelfieldfund.org or mailed to:

THE LEVEL FIELD FUND P.O. Box 7532

Portland, ME 04112-7532

www.levelfieldfund.org



APPLICANT NAME:			

INCOME AND EXPENSE BREAKDOWN

OURCES	OF IN	NCOME	
• Er	mployr	ment Income (expected annual earnings)	\$
• Sp	Sponsorships (expected annual value)		\$
• Sa	avings	/Checking Account Balances	\$
• US	soc s	Support (expected annual amount)	\$
• Na	ational	Governing Body Support (expected annual amount)	\$
• Ot	Other (specify annual amounts e.g., family/community/nonprofit		
	0		\$
		TOTAL	\$
URRENT	T ANN	UAL EXPENSES	
• Ar	nnual l	Housing	
	0	Rent or Mortgage Payments (monthly x 12)	\$
	0	Utility, Heat, and/or Related Payments (monthly x 12)	\$
	0	Real Estate Taxes and Association Fees	\$
	0	Rental or Homeowners Insurance	\$
• Pe	ersona	al Transportation	
	0	Vehicle Loan Payments (monthly amounts x 12)	\$
	0	Vehicle Insurance	\$
	0	Other (e.g., public transportation)	\$
• Co	ommu	nications (e.g., phone, cellular, Internet access)	\$
• Fo	ood (e	stimated annual expenditures)	\$
• Lo	oan Pa	ayments (monthly x 12, attach explanations)	\$
• De	evelop	oment-Related Expenses Paid By Applicant Over Past 12 N	Months
	0	Facility Fees	\$
	0	Coaching Costs	\$
	0	Event Fees	\$
	0	Related Travel Costs	\$
	0	Equipment Costs	\$
	0	Other (specify annual amounts)	\$
• Ot	ther (a	annual amounts, attach explanations)	\$
		TOTAL	\$