



Youth Grant Application

▶ Please return completed application to your local i9 Sports location.

Please print or type and give specific answers to all questions. The information submitted on this form will be treated by i9 Sports Association as strictly private and confidential.

APPLICANT INFORMATION

Participant Full Name: _____

Address: _____

City: _____ State: _____ County: _____ Zip: _____

Home Phone: _____ Email Address: _____

Gender: Male Female Date of Birth: _____

Parent/Guardian Name (if applicable): _____

Address (if different from above): _____

City: _____ State: _____ County: _____ Zip: _____

Home Phone: _____ Email Address: _____

Annual Household Income _____

GRANT INFORMATION

What sport are you applying for? _____ What season are you applying for? _____

Have you received any Sports Grants in the past? If yes, from whom and when? _____

Have you ever applied for an i9 Sports Grant in the past? If yes, when? _____

Why Are You Applying For This Grant? _____

How would this grant help the participant? _____