



# 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 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? \_\_\_\_\_

**Please submit completed application to your local i9 Sports Program Director**

Contact information can be found at [www.i9sports.com](http://www.i9sports.com) or 1-800-975-2937