



## Application for Individual

*Incomplete applications will automatically be denied assistance*  
**APPLICATION & SUPPORTING DOCUMENTS MUST BE PRINTED AND LEGIBLE**

### Individual Information

- Legal Name of Individual \_\_\_\_\_

- Mailing Address: \_\_\_\_\_

- Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

- Name of Person submitting application: \_\_\_\_\_  
(if different from the applicant)

- Phone # \_\_\_\_\_ Date of application \_\_\_\_\_

- Have you ever received a grant from the Hardee Athletic Foundation?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date of grant: \_\_\_\_\_ (Attach copy of previous application and grant)

### Request

- Amount of Request: \_\_\_\_\_

- Camp/Project Name: \_\_\_\_\_

- Coach Recommendation: \_\_\_\_\_

- State purpose of Request: (How funds will be used?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information contained in this statement is for the purpose of obtaining funding from the Hardee Athletic Foundation, Inc. on behalf of the undersigned. Each undersigned understands that the information provided herein is used to consider the request for funding, and each undersigned represents and warrants that the information provided is true and complete and that the Hardee Athletic Foundation, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Hardee Athletic Foundation, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

\_\_\_\_\_  
Name of Organization /Individual

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Representative/Parent Signature

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Date

Submit original and (14) copies of  
completed application & related documents to:

Hardee Athletic Foundation  
Attn: Grant Application  
PO Box 1743  
Wauchula, FL 33873

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For HAF Use Only

Application Qualifying Checklist

- All requested material provided
- Supplemental Funding or Special Exception
- Amount Requested \_\_\_\_\_
- Amount Provided \_\_\_\_\_

Signatures

\_\_\_\_\_  
(Officer)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Board Member)

\_\_\_\_\_  
(Date)