



## 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: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

- Have you ever received a grant from the Hardee Athletic Foundation?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date of grant: \_\_\_\_\_

### Request

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

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

- Coach Recommendation (if applicable): \_\_\_\_\_

- 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 correct, 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. HAF grant funding reimbursement is based on proof of participation. Your request for reimbursement will be processed after proof of payment is delivered to accountant and may take up to two weeks to receive.

**\*required**

\_\_\_\_\_  
**\*Individual and Team represented (if applicable)**

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

\_\_\_\_\_  
**\*Parent or Guardian Signature**

\_\_\_\_\_  
**\*Signature of one-School Admin (if applicable)/Coach/  
Athletic Academic Coach**

\_\_\_\_\_  
**\*Date**

**Mail or submit original and (16) copies of completed application & related documents by the first business day of each month: (late applications will not be reviewed until the next month)**

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

**or see the Athletic Academic Coach at HHS**

**hardeethleticfoundation@gmail.com  
www.haf-online.org**

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For HAF Use Only

Application Qualifying Checklist

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

Signature

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

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

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

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