



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.

Individual & Team represented if applicable

Signature of Individual

Representative/Parent Signature

Signature of School Admin/Academic Coach/Coach

Date

Submit original and (14) copies of completed application & related documents 10 days prior to 1st Wed. of each month to:

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

or see the Academic Coach at HHS

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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)