



LEVEL FIELD FUND
FUNDING TALENT FUELING DREAMS

Bridging gaps in funding for uniquely talented athletes

GRANT APPLICATION

1. Please print and complete this application in full.
2. Submit along with your (or your family's) most recent federal tax return to:

THE LEVEL FIELD FUND
P.O. Box 7532
Portland, ME 04112-7532

3. All personal information submitted will be kept strictly confidential.

GENERAL INFORMATION

Full Name: _____

Mailing Address: _____

Contact Tel. #: _____

E-mail Address: _____

Birth Date: _____

Social Security Number or Tax Identification Number of Applicant:

PARENT OR LEGAL GUARDIAN INFORMATION *(if Applicant is under 18 years of age)*

Name: _____

Mailing Address: _____

E-mail Address: _____



APPLICANT NAME: _____

ATHLETIC INFORMATION

Sport(s) in which Applicant participates:

Name(s) and contact information for the Applicant's current coach(es) and/or advisor(s):

Name(s) and contact information for team(s)/organization(s) that Applicant is a member:

Does the Applicant understand the NCAA Bylaws regarding amateur eligibility?

Yes No

Please share the Applicant's current NCAA amateur eligibility status:

Eligible Ineligible Unsure

List Applicant's top three athletic performances to date, including names and dates of competitions, finish places, times, distances, and other related information, listing most recent performances first (please attached additional pages to application as needed):

1. _____

2. _____

3. _____

Describe Applicant's current training environment, including the number of years with current approach, frequency and types of workouts, coaching, and planned competitions (please attached additional pages to application as needed):

List Applicant's goals for the next year as well as any longer-term goals (please attached additional pages to application as needed):



APPLICANT NAME: _____

Provide the name(s), location(s), contact information and description(s) of the athletic training opportunities, competition(s) and / or event(s) for which Applicant desires financial support in order to participate:

If support requested is to participate in a competition or event, provide the name(s) and contact information for the sponsoring or sanctioning organization(s):

Has Applicant already qualified for the competition(s) or event(s)? Yes No

If not already qualified, list any requirements Applicant must satisfy in order to qualify:

Please arrange for a coach (with whom the Applicant has worked in the past year), a representative of the governing organization of Applicant's sport, or a member of the sanctioning organization for the particular training opportunity, competition or event to submit a brief statement describing the Applicant's prior competitive experience and attesting to the Applicant's eligibility for and ability to compete in the competition or event for which the Applicant is requesting support from the Level Field Fund. The supporting statement can be submitted along with this application or mailed separately to:

THE LEVEL FIELD FUND
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Please briefly explain how a grant from the Level Field Fund will help the Applicant reach his or her goals:



APPLICANT NAME: _____

FINANCIAL INFORMATION

Provide your, or your family's, adjusted gross income as last reported to the Internal Revenue Service on your, or your family's, last federal tax return, including the amount and date filed:

Provide the names of other sponsors, businesses, or charitable organizations from which the Applicant has received support, along with a full description of the financial support (please attached additional pages to application as needed):

Provide a proposed budget setting forth the expenses that the Applicant expects to incur by training for and/or participating in the competition or event (please attached additional pages to application as need):

Explain why a Level Fund Field grant is necessary to enable the Applicant to train for and / or participate in the competition or event:

Please complete and submit the attached Applicant's Income and Expenses Breakdown form.



DISCLOSURES

Please disclose any relationship Applicant may have with any officers, trustees or donors of funds to the Ross Powers Foundation:

I, _____ (Applicant), do attest that the statements and information contained in this application and in any attachments made as part of this application are true and correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Signature of Parent or Legal Guardian (If Applicant is under 18 years of age):

_____ Date: _____

QUESTIONS

Any questions related to this application can be submitted to info@levelfieldfund.org or mailed to:

THE LEVEL FIELD FUND
P.O. Box 7532
Portland, ME 04112-7532



ATTACHMENT 1

APPLICANT NAME: _____

INCOME AND EXPENSE BREAKDOWN

SOURCES OF INCOME

- Employment Income (*expected annual earnings*) \$ _____
 - Sponsorships (*expected annual value*) \$ _____
 - Savings/Checking Account Balances \$ _____
 - USOC Support (*expected annual amount*) \$ _____
 - National Governing Body Support (*expected annual amount*) \$ _____
 - Other (*specify annual amounts -- e.g., family/community/nonprofit*)
 - _____ \$ _____
- TOTAL** \$ _____

CURRENT ANNUAL EXPENSES

- Annual Housing
 - Rent or Mortgage Payments (*monthly x 12*) \$ _____
 - Utility, Heat, and/or Related Payments (*monthly x 12*) \$ _____
 - Real Estate Taxes and Association Fees \$ _____
 - Rental or Homeowners Insurance \$ _____
 - Personal Transportation
 - Vehicle Loan Payments (*monthly amounts x 12*) \$ _____
 - Vehicle Insurance \$ _____
 - Other (*e.g., public transportation*) \$ _____
 - Communications (e.g., phone, cellular, Internet access) \$ _____
 - Food (*estimated annual expenditures*) \$ _____
 - Loans Payments (*monthly x 12, attach explanations*) \$ _____
 - Development-Related Expenses Paid By Applicant Over Past 12 Months
 - Facility Fees \$ _____
 - Coaching Costs \$ _____
 - Event Fees \$ _____
 - Related Travel Costs \$ _____
 - Equipment Costs \$ _____
 - Other (*specify annual amounts*) \$ _____
 - Other (*annual amounts, attach explanations*) \$ _____
- TOTAL** \$ _____