



Operation Rebound GRANT APPLICATION 2008

Grants distributed within 90 days of each submission deadline

PLEASE PRINT LEGIBLY

Applicant Information

First: _____ Last: _____

Address: (line one) _____

City: _____ State: _____ Postal code: _____

Country: _____ Date of Birth: _____

Daytime Phone: (____) _____ E-Mail: _____

(CAF communicates regularly via e-mail. If you do not have e-mail, please write "No email")

Sex: Male / Female Ethnicity (optional) Please circle one:
White Hispanic Black Native American
Indian Asian Mixed/Other _____

Eligibility Information

Military: What branch of the military did/do you serve?
USMC USCG NAVY ARMY USAF National Guard

Are you currently on active duty? Yes / No
Were you injured as a result of your military duties involving the conflicts in Iraq, Afghanistan, or other theater in the Global War on Terror? Yes / No
Are you eligible to receive VA benefits? Yes / No

Law Enforcement: In what category of law enforcement did/do you serve?
Police Fire Paramedic Federal Law Enforcement

Challenged Athletes Foundation Information

How did you find out about the CAF? (please specify from whom/what) _____

How many years have you been funded through CAF? _____

If you are a past CAF grant recipient, what year did you receive your last grant? _____

If you are a past CAF grant recipient, how much was your last CAF grant for? _____

Mandatory Information to be Included with Application

The following information is **MANATORY** to include with your application:

Note: submitted materials, photos, news clippings, etc. will not be returned.

(Please check each box after including each item)

1. **REFERENCE LETTERS:** Include two letters of reference along with phone numbers.
 One letter must come from a qualified medical personnel verifying your physical challenge.
 The other from a coach, commanding officer, fellow athlete, peer or family member.

<u>REFERENCE NAME (of letter attached)</u>	<u>SOURCE (coach, physician, etc.)</u>	<u>ORGANIZATION</u>
1. _____	_____	_____
2. _____	_____	_____

2. Your **UPDATED** biography or story (1-3 paragraphs about yourself)
3. If you have competed in your sport before, please let us know your results
4. A photo of yourself, preferably in your sport or at play
5. (Optional) Other printed press clippings (NO videotapes, CDs, or DVDs please)

Disability Information

Your physical disability? (please circle all that apply)

- | | | |
|----------------------|----------------------|----------------------------|
| Amputee, above elbow | Amputee , above knee | Blind or Visually Impaired |
| Amputee, below elbow | Amputee, below knee | Paraplegic |
| Quadriplegic | TBI | other _____ |

List specific physical disability (optional) _____
 (ex: right below knee amputee, T10 Paraplegic)

Date of disability? _____

How did you acquire your physical disability? (Please circle)
 IED/Landmine Enemy Fire Vehicle Accident Car Bomb Other _____

Sports Information

What is your primary sport? Cycling Running Triathlon Track & Field
 Volleyball Alpine Skiing X-Country Skiing Tennis Basketball Rugby
 Football Swimming Golf Hockey Soccer Baseball Other _____

How long have you been participating in your sport? _____
You must have been participating in your sport for a least 1-year to be eligible for a CAF equipment grant.

What kind of athlete do you consider yourself? *Beginner / Intermediate / Advanced / Elite*

Have you competed in the Paralympic games? Yes / No

Year(s)? _____ **Sport(s)?** _____

Supplemental Information

Please attach the following to your grant application:

- A **brief** bio about yourself with your personal and athletic goals.
- A **brief** summary of your military or aw enforcement history and any noteworthy information.
- A statement on how you are planning to raise awareness for "Operation Rebound" and the Challenged Athletes Foundation.
- Proof of service; i.e., DD 214, badge #, letter from employer, etc.

Waiver and Truth Statement

"Any decision by Challenged Athletes, Inc. (CAF) as to : i) whether or not a grant is to be awarded and ii) if awarded, in what amount and the terms and conditions attaching thereto, shall be made in the sole and absolute discretion of CAF. By your submission of this grant application to CAF, you agree to be bound by the decision of CAF and indemnify and hold CAF harmless from any and all claims, actions and/ or causes of action arising directly or indirectly as a result of CAF's decision."

CAF uses grantee bios and photos to assist in fundraising efforts to complete our mission. If you do not authorize CAF to use your photos and/or bio please check here: **DO NOT USE MY BIO OR PHOTO(S)** **If left unchecked** CAF reserves the right to use your bio and photos. The statements and answers given in this grant application are true and correct. I understand that misstatements in this grant application could cause my application to be denied.

Signature

Date _____

If you have any questions regarding the 2008 Challenged Athletes Foundation's OPERATION REBOUND grant application, please contact:

Nico Marcolongo
 Challenged Athletes Foundation
 c/o Shea Homes
 9990 Mesa Rim Road
 San Diego CA 92121
 p 858.526.6564
 f 858.866.0958
nico@challengedathletes.org

CAF Grant Application Financial Statement for 2007/2008 Income

You **MUST** provide financial information and proof of income in order to be considered for a grant.
Please check which proof of income you are including with this application (copies accepted).

- Tax Return
 W-2
 Social Security Disability Insurance (SSDI) Statement

All information provided is confidential; however, feel free to cross out SSN or personal information.
 You can also attach additional information such as household budgets, assets and income if you wish.

Annual Gross HOUSEHOLD Income (income before taxes)

Source of Income: please include ALL HOUSEHOLD INCOME (parent, step-parent, spouse, domestic partner, etc.)

Annual Gross Amount:

1) _____ \$ _____.

2) _____ \$ _____.

(NOTE: Income is a major factor in determining eligibility. Only those with the greatest needs will be granted)

Annual household living expenses (Please attach additional information, if necessary)

Living Expenses	Monthly Amount
Rent/Mortgage	\$ _____
Utilities	\$ _____
Loans (car, personal, etc)	\$ _____
Food/general living	\$ _____
Childcare	\$ _____
Medical	\$ _____
Transportation (Gas, maintenance)	\$ _____
Other _____	\$ _____

Number of dependants

Total **Monthly** Living Expense \$ _____ x 12 = Annual Living Expenses \$ _____.

Annual Sports Budget \$ _____.

Total Annual Expenses \$ _____.

Total Annual Gross Household Income \$ _____.

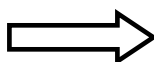
Assets	<i>(What do you have in savings or investments)</i>	Amount
1) _____		\$ _____
2) _____		\$ _____
3) _____		\$ _____

Is applicant currently employed? Yes / No **Who is your employer?** _____

Is applicant currently a full-time student? Yes / No **If yes, where?** _____

Do you have special financial circumstances? Please explain.

Signature of person filling out form: _____ **Date:** _____



COMPETITION - Grant Request

Itemized Cost of Request: please be specific as possible

Example: Item #1 – airfare from San Diego to Boston - \$305.00

Item #2 – registration fee for Boston marathon - \$120.00

Total Request \$425.00

Item #1 _____ Cost \$ _____
Item #2 _____ Cost \$ _____
Item #3 _____ Cost \$ _____
Total Grant Request \$ _____
(\$ US Dollars)

Name of event: _____

Location of event: _____ ***Date of event:** _____

(Please check which event best describes your competition / travel request):

Travel event

Paralympics
World Championships
National Championships

Travel event

Regional competition
Qualifying competition
General competition event

What is the sport or physical activity you are requesting a grant for? (select one)

Cycling Running Triathlon Track & Field Alpine Skiing
Volleyball X-Country Skiing Tennis Basketball Rugby Swimming
Football Golf Hockey Soccer Baseball Other _____

Remember if you receive a CAF grant, you MUST submit receipts to prove the grant money was used for the approved item.

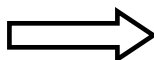
MAIL COMPLETED APPLICATION TO:

For regular US Post Office Mail Service:

Challenged Athletes Foundation
P.O. Box 910769
San Diego, CA 92191

For non US Post Office Mail Service:

Challenged Athletes Foundation
9990 Mesa Rim Road
San Diego CA 92121



TRAINING - Grant Request

Itemized Cost of Request: please be as specific as possible

Example: item #1 – swim lessons – 4 lessons @ \$30 each = \$120.00

Item #1 _____ Cost \$ _____

Item #2 _____ Cost \$ _____

Item #3 _____ Cost \$ _____

Total Grant Request \$ _____
(\$ US Dollar)

What is the sport or physical activity you are requesting a grant for? *(select one)*

Cycling Running Triathlon Track & Field Alpine Skiing
Volleyball X-Country Skiing Tennis Basketball Rugby Swimming
Football Golf Hockey Soccer Baseball Other _____

Remember if you receive a CAF grant, you MUST submit receipts to prove the grant money was used for the approved item.

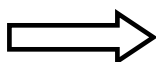
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EQUIPMENT - Grant Request

Itemized Cost of Request: Please be as specific as possible

(example: item #1 – Exceleator XLT GOLD - \$3600.00)

Item #1 _____ Cost \$ _____

Item #2 _____ Cost \$ _____

Total Grant Request \$ _____
(\$ US Dollars)

NOTE: CAF distributes ALL wheelchair sports/hand cycle/racing chair sport equipment grants through vouchers redeemable at the CAF selected distributor. If you receive a voucher you must go through our distributor to redeem it.

Cash reimbursement for equipment grants are not given for these items.

- Please note that equipment value will match your athletic endeavors and accomplishments. If you are at a recreational level of play, you will be awarded a recreational valued equipment grant.

(Please check which best describes your equipment request):

Equipment

Sports equipment
Tennis chair
Rugby chair
Prosthetic Foot
Prosthetic Knee
Prosthetic Arm
Spinergy Wheels

Equipment

Racing wheelchair
Basketball chair
Off-Road chair
Monoski
Road/ Mtn / Tri Bicycle
Hand cycle
Other _____

What is the sport or physical activity you are requesting a grant for? (select one)

Cycling Running Triathlon Track & Field Alpine Skiing
Volleyball X-Country Skiing Tennis Basketball Rugby Swimming
Football Golf Hockey Soccer Baseball Other _____



Remember if you receive a CAF grant, you MUST submit a receipt for any non-wheelchair sport to prove the funds were used for the approved item. This excludes wheelchair sports/hand cycle/racing chair sport equipment as we receive the receipt directly from our distributor.

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