

The MONEY Athletic Foundation

50 Bull Hill Rd
Hope, ME 04847

This form must be completed by the applicant!

Name: _____ Age: _____ Resident County: _____

Mailing Address: _____

Email: _____

Parent/Guardian: _____ Phone: _____

Name of Activity: _____ Individual or Team: _____

Total Expenses: fees _____ travel costs _____ uniforms _____ other _____

Other Resources Available: \$ _____ Requested Amount: \$ _____

This application cannot be processed without an attached camp application and/or other documentation of expenses.

Briefly tell why you should be considered for this award:

How will this activity benefit you?

Applicant Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Where did you hear about the **MONEY** Athletic Foundation?