

## Foundation IX “Let Me Play” Individual Grant Spring 2010 **PLEASE READ CAREFULLY**

- Welcome to the Foundation IX “Let Me Play” Individual Grant application. “Let Me Play” grants are available for **Minnesota** girls ages 5-19 to be used towards participation fees for sport or organized fitness activities and/or towards the cost of the equipment required to participate in a sport or organized fitness activity. “Let Me Play” grants are designed for girls who would not normally be able to afford to pay for an activity. Activities that can be funded are but are not limited to:
  - Basketball, volleyball, softball, tennis, hockey, golf, track and field, lacrosse, rugby, dance team, archery, etc.
  - Camps/clinics related to the above mentioned.
  - Equipment needs related to the above mentioned.

**Instructions:** Foundation IX *does not* fund travel expenses. Applicants and their coach, mentor or advisor are required to complete the below application in its entirety. The job of the mentor is to oversee the application process and to provide support to the girl in her activity. The **mentor cannot derive personal financial gain** from the girl receiving a grant or be **paid by the organization providing the activity** for the girl; e.g. an owner of a for-profit business or paid coach of the team. Immediate family members are disqualified from serving as a coach/mentor or advisor in this application process. **Immediate family member is defined as: biological parent or individuals who act as parents including children who have been legally adopted, foster children, stepchildren or are legal wards.** Each application will be screened by a Foundation IX representative prior to going to committee to ensure that each application is complete and valid. Invalid applications will be discarded. Before completing, read carefully through the entire application to be sure the grant fits your needs. For more information on the application process, email [info@foundationix.org](mailto:info@foundationix.org) or call 763.442.0051.

“Let Me Play” Grants will be awarded the last week of May, 2010 for activities that begin after June 1, 2010 and before November 1, 2010. Applications will be accepted from February 8 – May 1, 2010. Applications postmarked after May 1, 2010 will not be accepted or reviewed.

The average amount of money granted is \$120 and is not to exceed \$1000. The amount and number of grants awarded each session will be determined by the number of qualified applicants and the amount of funds available.

Written responses **MUST** be complete in **BLACK** print or **BLACK** ink only. *PLEASE include any and all brochures and specific pricing information pertaining to the activity or equipment applied for. Without proper supporting documentation, such as a brochure, price from a reputable source, etc., the applicant’s request might not be granted.*

**Documentation of use of funds may be required of grant recipients by Foundation IX.**

## Foundation IX “Let Me Play” Individual Grant Application Spring 2010

### Section I Cover Sheet

Please print/type clearly on all sections. Each section must be filled out in full. Any missing information may be considered an incomplete application and will not be reviewed by committee.

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Girl's Name: \_\_\_\_\_

Girl's Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Age at time of request: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School: \_\_\_\_\_ GPA if Applicable: \_\_\_\_\_

Date Registration Due (mm/mm/year): \_\_\_\_\_ Start Date of Activity: \_\_\_\_\_

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Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

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Coach/Mentor/Advisor's Name: \_\_\_\_\_

C/M/A's Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship to Girl: \_\_\_\_\_

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**Section II** (all information is required)

\*Name of Girl: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Total cost of activity: \$ \_\_\_\_\_ Activity applying for: \_\_\_\_\_

What will the grant be used for?    Fee    Equipment    Both Fee and Equipment (please circle)

Cost Breakdown:    \_\_\_\_\_ \$ Fee    \_\_\_\_\_ \$ Equipment

**(Breakdown and specifics required)**

Equipment Item	Distributor/Store	Cost/Item

Name of organization providing activity or Equipment (Checks will be made out only to the organization providing the activity or equipment and not the individual girl or family):

\_\_\_\_\_

Address of organization (Checks will be sent directly to this location in the applicant’s name):

\_\_\_\_\_

Organization Contact’s Name: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Signatures**

\*Girls Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Verifying all information is accurate and that the statement attached is hers)

Mentor/Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Verifying all information is accurate and that the statement attached is theirs)

I give permission to the use of photographic images of the applicant for Foundation IX marketing purposes and I am providing a sport photograph which may be used for such purposes.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Section III

**\*To be filled out by Applicant.** This must be completed in full to be considered. Younger applicants may require the assistance of an adult but we encourage the girls to do the work whenever possible.

Please answer the following questions on a *separate sheet of paper* in black ink or typed. Answers are not to exceed one page in length but should clearly respond to the question asked. Your answers will be reviewed as part of the application process by the reviewing committee. Unanswered questions will be considered an incomplete application.

1. Why do you want to participate in the activity you have chosen?
2. How will participating in this activity affect you in a positive way?
3. What additional ways are you raising money to make participating in this activity possible?

**\*To be filled out by Coach/Mentor/Advisor.** Please answer the following questions on a *separate sheet of paper* in black ink or typed. Answers are not to exceed one page in length but should clearly respond to the question asked. Your answers will be reviewed as part of the application process by the reviewing committee. Unanswered questions will be considered an incomplete application. In addition, be sure that the girl has answered all questions and provided her signature and date.

1. How did you hear about Foundation IX’s “Let Me Play” grant program?
2. How do you believe the applicant will benefit by participating in this activity?
3. What is your relationship to the applicant and how will you help ensure her success in this activity?
4. What circumstances are being used to determine financial need (example: Free or Reduced Lunch Program, family hardship, etc)? In addition, please provide a written statement from a government worker such as a social worker, school counselor or principal verifying if the girl qualifies for the free or reduced lunch program on letterhead.

### Final Checklist:

- \*Completed Section I
- \*Completed Section II including signatures and answers
- \*Completed Section III
- \*Any additional attachments such as activity brochures or price guides
- \*All work has been completed in black ink or black print

Completed applications should be mailed to:

“Let Me Play” @ Foundation IX  
P.O. Box 47128  
Plymouth, MN 55447