

R.E.A.C.H.E.S.

FUNDS REQUEST APPLICATION

Funds will be awarded at the Brute-adidas Nationals in April each year.
If you request for funds is approved, you will be notified by email prior to March 31st.

DATE OF APPLICATION _____ **Sport:** Lacrosse / Wrestling / Softball / Soccer / Volleyball / Basketball

ORGANIZATION/SCHOOL NAME _____

STREET ADDRESS _____ **CITY** _____

STATE _____ **ZIP** _____ **PHONE** (____) _____ - _____

EMAIL _____

CONTACT PERSON _____ **TITLE** _____

AMOUNT OF FUNDS REQUESTED \$ _____ **TARGET AGE OF GROUP** _____

PURPOSE FOR THE FUNDS: (How the funds will be used? Who will benefit from the allocation of funds?)

PROBLEM STATEMENT: (Describe the reason or need for the community/organizational for funds including relevant statistics and background information to justify allocation of funds)

ADDITIONAL FUNDING SOURCES (If any please list)

LIST OTHER RELEVANT INFORMATION YOU FEEL IS ESSENTIAL FOR FUND ALLOCATION:
(Please list other pertinent information you feel may be essential to assist our Board of Directors in their decision for allocation of request)