



Making a difference one hit at a time...

★ ATHLETES FOR HEROES ★

Athletes for Heroes Financial Statement Submission

To apply please complete the following forms and submit along with the following information to Youk's Kids, P.O. Box 600311, Newtonville, MA 02460

- Proof of cost of activity for which you are requesting a grant

Hero Information:

Name of Serviceman or Woman: _____

Branch of Service: _____ Rank: _____

Date of Birth: _____

Date, place, and cause of death (if applicable): _____

Diagnosed Injury: _____

Address: _____

Primary Contact Information (person Youk's Kids may contact with issues regarding application):

Name: _____

Relation to Hero: _____

Relation to Hero Child: _____

Address: _____

Email: _____

Home Phone Number: _____ Cell Phone Number: _____

Grantee Information:

Name of Minor Child: _____

Relation to Hero: _____

Address (if different from primary contact): _____

Date of Birth: _____

Social Security Number: _____

Referral Information:

Name of Referring Person (i.e. Fire Chief, Police Chief, Military Officer): _____

Address: _____

Phone Number: _____

Email: _____

Household Information:

How many people live in your household? _____

Please list names and ages of all members of the household under the age of 18:

Annual Income: <25K 25K-50K 50K-75K 75K-100K 100K-150K 150K-200K >200K

Have you applied to Youk's Kids in the past: YES NO

Assistance Requested:

Please check the category which best matches the type of grant you are applying for:

Team Activity

Academic Program

Bereavement Support

Amount being requested: _____

If applicant is applying for funding to attend a specific program please provide the contact information for the program.

Name of Organization/Provider: _____

Address: _____

Phone Number: _____

Contact Person: _____

Below please provide a brief description of the assistance being requested and how you feel participating in this activity will benefit the applicant/child:
