

**THE SHIELD FOUNDATION, INC.
HARDSHIP FUND (EMERGENCY ASSISTANCE) APPLICATION**

**(PLEASE TYPE OR PRINT LEGIBLY. SCAN THE COMPLETED
APPLICATION AND REQUIRED DOCUMENTS TO DR. TOM
CARTER, III, CEO & PRESIDENT AT TCARTER@THESHIELD
FOUNDATION.COM)**

Name of Applicant _____ Date _____

Mailing Address _____
(street, city, state, zip code)

Telephone (cell) _____ Email _____

Date of Birth _____ Spouse's Name _____

How did you hear about The Shield Foundation, Inc. Hardship Fund: _____

I. ELIGIBILITY INFORMATION

a. Seasons and sport played or managed and college/university:

b. Description of Dire Need:

c. Amount needed: _____

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Name of Applicant _____ Date _____

II. EMPLOYMENT

Applicant's Current Job _____ Salary/Month _____

Company/Address _____

Supervisor's Name _____ Phone _____

Dates of Employment _____

Spouse's Current Job _____ Salary/Month _____

Company/Address _____

Supervisor's Name _____ Phone _____

Dates of Employment _____

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Name of Applicant _____ Date _____

III. FINANCIAL

List all sources of income you are currently receiving (other than as listed in Section II above), including pensions, social security payments, disability, etc., and the amount you receive per month. Include any other charitable gifts or grants you have received in the past three years and/or the amount of other grants/gifts for which you are applying.

The following information must be provided with your application:

- _____ Signed federal tax returns (if any) for Applicant and spouse for past two years (with Social Security Numbers redacted) (mandatory to process request).
- _____ Net worth statement (list of assets, including property/value and liabilities/debts).
- _____ Bank statements within last six months.
- _____ Signed authorization (attached) for release of records and information from third parties.
- _____ Any other documents you believe would be helpful in evaluating your application, such as verification of income, past due bills, medical evaluation from your doctor, medical records, legal notices, etc. (Medical records are required if you are seeking assistance for a medical condition).

**FAILURE TO PROVIDE NECESSARY INFORMATION
WILL RESULT IN DELAY/DENIAL OF APPLICATION**

I certify that the information provided for this application is true and correct. I further acknowledge that the I am solely responsible for the payment of any federal, state, or local taxes related to any grant funding received through The Shield Foundation, Inc. Hardship Fund.

(Signature)

(Date)