



## Olympians & Paralympians Relief Fund

Application for Assistance (2024 OPRF grant application)

Applicant's Name:

Olympic/Para Sport(s):

Olympic/Para Year(s):

Address:

Address 2:

City, ST, Zip:

Social Security #:

Best Phone #:

Email:

Additional references (if any):

Close Family Member:

Relationship:

Contact Phone &Email:

Olympian/Paralympian Endorser (if any):

Endorser's Olympic/Para year and sport:

Relationship with Olympian/Paralympian:

Endorser Phone & Email Info:

The OPRF makes grants to U.S. Olympians & Paralympians who have suffered from **an incident** in the past 12 months, resulting in financial need.

Which of the following categories best describes your incident? (Circle one)

Accident

Illness

Injury

Natural Disaster

What was the date of your incident? \_\_\_\_\_

Please describe the **circumstances of your incident** in detail: (Events that might be considered a result of choices made by you, may prevent a grant from being awarded. Grants involving family members will not be considered.)

**Use of funds:** Please describe what you intend to do with the granted funds: (Examples may include: pay off medical bills, repair or replace necessary equipment, purchase prescription medications, or reimburse personal loans.)

**Personal need:** Please attach appropriate evidence that shows your current financial situation. Examples may include your annual income, personal savings, your current health insurance coverage, your employment situation, and any other sources of funds that you may have already pursued (i.e.: loans from friends or family).

Please attach any **supporting documents**. Examples may include medical bills, past due notices or insurance reports. The more corroboration you submit, the more likely you are to receive a grant, or may qualify you for a larger grant.

Are any additional supporting documents attached? (circle one): **yes / no**

Have you ever applied for an OORF/OPRF grant before? (circle one): **yes / no**  
If so, please explain:

Is an Olympian/Paralympian Endorsement statement attached? (circle one): **yes / no**

Have you ever been the subject of an investigation by SafeSport, USADA or your NGB?  
(circle one): **yes / no** If so, please explain:

Have you ever been convicted of a felony or misdemeanor?  
(circle one): **yes / no** If so, please explain.

PLEASE READ BEFORE SIGNING:

I certify this application form has been completed by me and is true and correct. I authorize any member(s) of the OPRF Grant Committee to investigate as necessary, any statements made in this application in order to make a determination regarding my grant request. I understand that I will be notified in writing on the disposition of my request. Further, I hold harmless the USOPC and the OPRF Board of Directors, and all committee members from all liability resulting from the disclosure, investigation or subsequent disposition of this request for assistance.

Applicant's signature \_\_\_\_\_ Today's date: \_\_\_\_\_

This form must be fully executed, signed and scanned/emailed and sent to:

[OPRFExecutiveDirector@outlook.com](mailto:OPRFExecutiveDirector@outlook.com)

P.O. Box 1090, Colorado Springs, CO 80901, (719) 722-0675