



The TB12 Foundation provides access to athletic, rehabilitation, and nutrition resources that empower athletes who are at-risk – due to economic or health-related obstacles – to reach their performance and life goals. Through our services, we aim to educate and help athletes improve longevity, prevent injury, and stay on the field, court, track, or course doing what they love, better and for longer.

**Please note that applicants must be citizens of the United States, and can not be signed to or associated with any professional sports teams or organizations.**

**APPLICANT’S BIOGRAPHICAL AND CONTACT INFORMATION:**

To submit an application, please provide the following information about the applicant:

FIRST NAME: [input] LAST NAME: [input]

DATE OF BIRTH: [input] MONTH [input] DAY [input] YEAR [input] ETHNICITY: [input]

I IDENTIFY MY GENDER AS: [input]

**ADDRESS**

NUMBER & STREET: [input]

CITY: [input] STATE: [input] ZIP CODE: [input]

CELL PHONE: [input] HOME PHONE: [input] (OPTIONAL)

EMAIL ADDRESS: [input]

• Please note that we will communicate with you via email about the status of your application

CURRENT EDUCATIONAL GRADE LEVEL (IF APPLICABLE): [input]

PLEASE CHECK THIS BOX TO VERIFY THAT THE APPLICANT IS A CITIZEN OF THE UNITED STATES: [input]

**INJURY STATUS (IF APPLICABLE)**

If the applicant has experienced a specific acute injury that has prompted this application, please indicate the nature of the injury and the date of the injury in the fields below:

NATURE OF THE INJURY: [input]

DATE OF THE INJURY: [input] MONTH [input] DAY [input] YEAR [input]

ADDITIONAL INFORMATION: (IF APPLICABLE) [input]

## FINANCIAL NEED OVERVIEW:

We ask the following questions about the applicant's personal and family financial situation in order to evaluate eligibility for scholarship. The TB12 Foundation is focused on providing opportunities to at-risk athletes who would not ordinarily have access to high-quality post-injury rehabilitation and/or performance enhancement services, and we strongly consider financial need when selecting applicants for scholarship.

Please note that all information you submit will be kept strictly confidential and used only for the purpose of evaluating this application. Please redact Social Security numbers from any tax documents submitted. If you have any questions about this application, please email [apply@tb12foundation.com](mailto:apply@tb12foundation.com).

At the time of submission, is the applicant completely financially self-supported, or is he/she at least partially supported by legal parent(s)?

- COMPLETELY FINANCIALLY SELF-SUPPORTED
- AT LEAST PARTIALLY SUPPORTED BY LEGAL PARENT(S)

## APPLICANT'S FINANCIAL SITUATION:

This section serves as an assessment of the applicant's (if completely financially self-supported) or the applicant's parents' (if the applicant is at least partially supported by legal parents) financial situation. Please answer only the questions that apply to you, meaning that if you are completely financially supported, you do not need to answer any questions about your parents' financial situation.

### APPLICANT'S PARENTS' INFORMATION (IF APPLICABLE)

PARENT 1'S FIRST NAME:

PARENT 1'S LAST NAME:

PARENT 2'S FIRST NAME:

PARENT 2'S LAST NAME:

PARENTS' EMAIL ADDRESS:

HOW MANY PEOPLE ARE IN YOUR HOUSEHOLD (IF SELF SUPPORTED) OR YOUR PARENTS' HOUSEHOLD?

**If Partially Supported By Parents:** Include yourself (even if you don't live with your parents), your parents, your parents' other children (even if they don't live with your parents but as long as your parents provide more than half of their support), and any other people who live with your parents as long as your parents provide more than half of their support.

**If Completely Self-Supported:** Include yourself, your spouse, your children (if you provide more than half of their support, even if they don't live with you), and any other people who live with you as long as you provide more than half of their support.

**FINANCIAL DETAILS**

If you are partially or fully supported by your parents, please fill in this section with their information. If you are financially self-supported, please fill in this section with your own personal financial information.

WHAT WAS YOUR/YOUR PARENTS' ADJUSTED GROSS INCOME FOR THE MOST RECENTLY COMPLETED YEAR?

\$

HOW MUCH DID YOU/PARENT 1 (FATHER/MOTHER/STEPPARENT) EARN FROM WORKING IN THE MOST RECENTLY COMPLETED YEAR?

\$

IF APPLICABLE, HOW MUCH DID YOUR SPOUSE/PARENT 2 EARN FROM WORKING IN THE MOST RECENTLY COMPLETED YEAR?

\$

WHAT IS YOUR/YOUR PARENTS' TOTAL CURRENT BALANCE OF CASH, SAVINGS, AND CHECKING ACCOUNTS?

\$

**Please submit a copy of you/your parents' most recent tax return with this application.**

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**MILITARY SERVICE HISTORY (IF APPLICABLE):**

**Please check the box below if you currently serve in, or have previously served in any branch of the United States Military. If you have Military experience, please briefly provide information about your service, including your branch, the years you served, and any other relevant information:**

Yes, I have served or currently serve in a branch of the United States Military

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**GOALS AND POTENTIAL:****VIDEO ESSAY:**

**Please attach a short video – between 60-90 seconds – in which you answer the following prompt:**

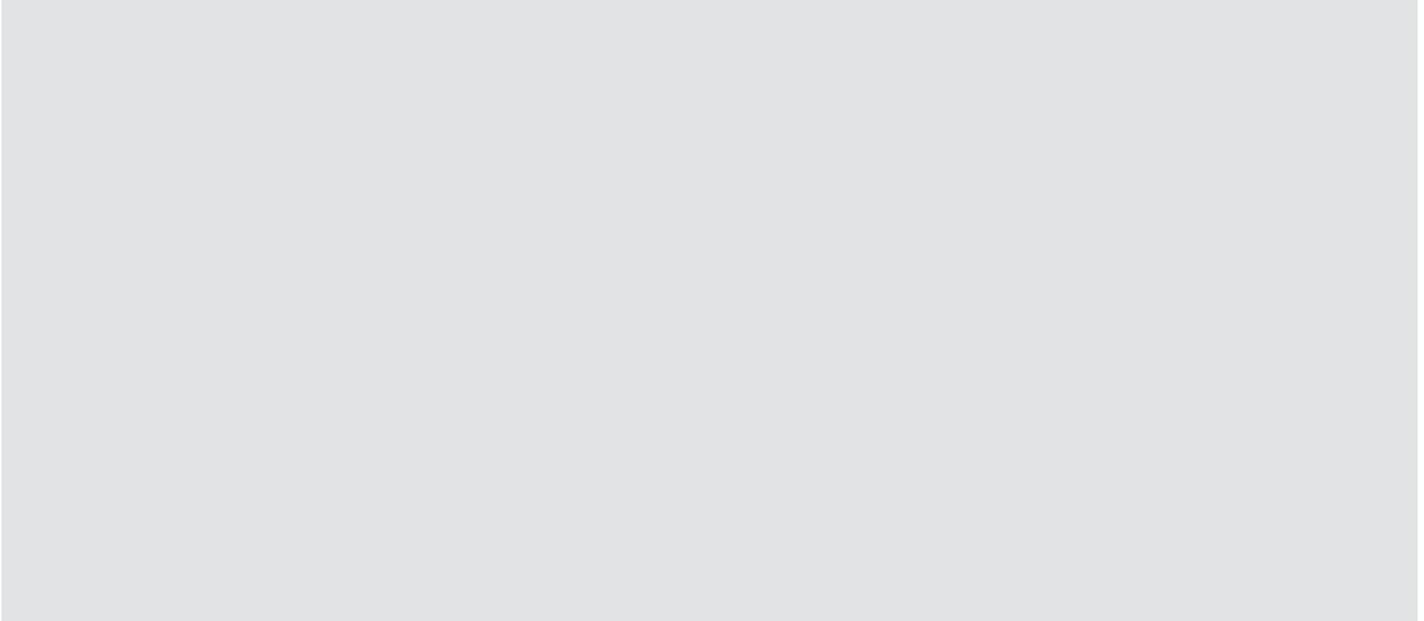
Describe your athletic and/or life aspirations and how you plan to achieve them.

***Please attach your video to your application when you submit it via email to [apply@tb12foundation.com](mailto:apply@tb12foundation.com)***

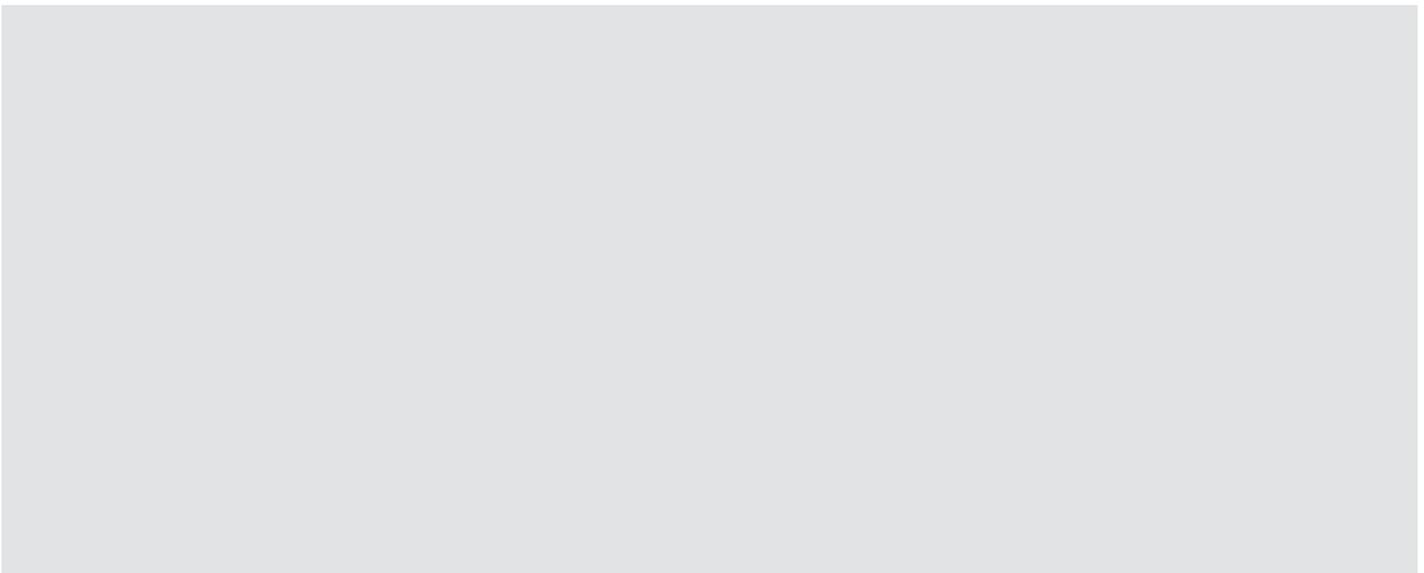
**WRITTEN ESSAY**

Please describe your most significant accomplishments to date – could be sports, work, school, life, military service, etc. (Feel free to attach a separate page with your response, but please still adhere to the 400 word limit)

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**ENTHUSIASM AND MOTIVATION:****WRITTEN ESSAY**

Please describe how you think the TB12 Foundation can help you achieve your athletic, rehabilitation, or nutrition goals. (Feel free to attach a separate page with your response, but please adhere to the 400 word limit)

**LETTER OF RECOMMENDATION:**

Please attach one Letter of Recommendation from a person who can speak to your character and your current goals and achievements. Please include in the letter how long they have known you and what the nature of the relationship is, but note that this person may not be a member of your family.

**ATHLETIC PERFORMANCE:**

If you are currently an athlete, please describe your current level of athletic performance and list any sports teams that you currently play for (including AAU and club sports, high school teams, college teams, and any others).

**OTHER RELEVANT INFORMATION:**

How did you hear about the TB12 Foundation?

**HONOR CODE AND SUBMISSION:**

Please check this box to verify that all information submitted is complete and truthful to the best of your knowledge, and that all responses to the open-ended questions were written entirely by the applicant:

Yes, this information is truthful and all answers were written by the applicant

APPLICANT'S  
SIGNATURE:

DATE: 

MONTH	DAY	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

**SUBMISSION INSTRUCTIONS:**

Please email your completed application packet (including all relevant tax returns and the letter of recommendation) to [apply@tb12foundation.com](mailto:apply@tb12foundation.com).