

PART 1 SECTION A APPLICANT'S BIOGRAPHICAL & CONTACT INFORMATION

The TB12 Foundation aims to provide opportunities to young American athletes who would not ordinarily be able to afford high-quality post-injury rehabilitation and/or performance enhancement services.

Please note that the TB12 Foundation can only provide sponsorship to amateur athletes, and only to athletes who are citizens of the United States.

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

First Name:	Last Name:						
Home Mailing Address							
Number & Street:							
City:	State: ZIP Code:						
Date of Birth: Month Day Year							
Telephone Number:							
Email Address:							

• Note that if you provide an email address, we will communicate with you electronically about the status of your application. If you do not have an email address, leave this field blank and we will communicate with you by mail and/or telephone.

Current educational grade level (if applicable):
Sex: Male Female

Check to verify that the applicant is a U.S. citizen: Yes

If the applicant has experienced a specific acute sports-related injury that has prompted this application, please indicate the nature of the injury and the date of the injury in the fields below. Also, please feel free to email apply@tb12foundation.com in order to seek an accelerated application review for any acute sports-related injury.

Nature of Injury:				
Date of Injury:	Month	Day	20	Year



PART 1 SECTION B FINANCIAL NEED OVERVIEW

We ask the following questions about the applicant's personal & family financial situation in order determine eligibility for sponsorship. The TB12 Foundation is focused on providing opportunities to young American athletes who would not ordinarily be able to afford high-quality post-injury rehabilitation and/or performance enhancement services, and we strongly consider financial need when selecting athletes for sponsorship.

Please note: 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 <u>apply@tb12foundation.com</u>.

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)

If applicant is completely financially self-supported (i.e., the applicant receives no support from any parents), please skip Part 1 Section C and proceed to Part 1 Section D.

PART 1 SECTION C PARENTS' FINANCIAL SITUATION

The following questions apply to the applicant's legal parent(s):

Parent 1's First Name:				
Parent 1's Last Name:		Can be mother, father, stepparent, etc.		
Parent 2's First Name:		Can be mother, father, stepparent, etc.		
Parent 2's Last Name:		Carr be mother, rather, stepparent, etc.		
Parents' Email Address	:			
How many people are	in your parents' household?			

• 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 as long as your parents provide more than half of their support), and any other people who now live with your parents as long as your parents provide more than half of their support.



What was your parents' adjusted gross income for the most recently completed year? \$ What was your parents' income tax amount for the most recently completed year? \$ How much did Parent 1 (father / mother / stepparent) earn from working in the most recently completed year? \$ How much did Parent 2 (father / mother / stepparent) earn from working in the most recently completed year? \$ What is your parents' total current balance of cash, savings, and checking accounts? \$ What is the net worth of your parents' investments, including real estate (but excluding the home in which your parents live)? \$ What is the net worth of your parents' current businesses and/or investment farms (excluding family farms or family business with 100 or fewer full-time or FTE employees)? \$

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

PART 1 SECTION D APPLICANT'S FINANCIAL SITUATION

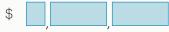
This question applies only to applicants who are completely financially self-supported:

How many people are in your household?

• 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 now live with you as long as you provide more than half of their support.

The following questions apply to all applicants:

What was your (and your spouse's, if applicable) adjusted gross income for the most recently completed year?





Please submit a copy of your most recent tax return with this application.

PART 2 Athletic Potential

Please describe your most significant athletic accomplishments to date. (Answer in 200 words or fewer.)

• Feel free to attach a separate page with your response, but please still adhere to the 200-word limit.



Please describe your athletic aspirations, and how you plan to achieve them. (Answer in 200 words or fewer.)

• Feel free to attach a separate page with your response, but please still adhere to the 200-word limit.

Attach one Letter of Recommendation from a coach / athletic administrator / athletic director who is familiar with your athletic accomplishments and aspirations.

PART 3 Enthusiasm & Motivation

Please describe how you think the TB12 Foundation can help you in your pursuit of sustained peak performance. (Answer in 400 words or fewer.)

• Feel free to attach a separate page with your response, but please still adhere to the 200-word limit.



PART 4 Honor Code & Submission

Check to verify that all information submitted is complete and truthful to the best of your knowledge, and that all responses to Parts 2 & 3 were written in their entirety by the applicant: Yes

Date application was completed:

Month Day Year

Applicant's signature:

Please mail completed application packets (including all relevant financial statements and the letter of recommendation) to:

TB12 Foundation Application Review 240 Patriot Place Foxboro MA 02035