

Vail Valley Athlete Commission Program - APPLICATION

* All disclosed information is confidential *

Date: _____

• **APPLICANT INFORMATION:**

Applicant Name (Mr./Mrs./Ms.): _____

Age: _____ Gender: _____ Phone _____ Fax: _____

If under 18, parent or guardian name: _____

Local mailing address: _____

Physical address: _____

Number of years as a full-time resident in the Vail Valley: _____

Social security number: _____

Email Address: _____

• **ATHLETIC INFORMATION:**

Sport competing in: _____

Level of competition: _____

Previous international competition: _____yes _____no

Please list top 5 achievements in your sport (please be very specific to include details such as event name, location, award description, etc.):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Please list 3 **COMPETITIONS** that you plan to participate in this year (please be specific with event name and location):

- 1. _____
- 2. _____
- 3. _____

If you received funding from us last year, please list your results from your international competition(s) including dates:

• **FINANCIAL INFORMATION:**

Please indicate the amount of support you are requesting: \$ _____

Please indicate your estimated annual gross income:

_____ \$0-\$20,000	_____ \$51,000-\$75,000	_____ \$151,000 and over
_____ \$21,000-\$35,000	_____ \$76,000-\$100,000	
_____ \$36,000-\$50,000	_____ \$101,000-\$150,000	

Are you claiming this as a household or individual income? _____

Please provide a brief description of how you will use these funds:

Please return this application to:

Vail Valley Athlete Commission Program
C/o Vail Valley Foundation
P.O. Box 309
Vail, CO 81658
Attn: Jennifer Mason
Or email: jmason@vvf.org

(970) 949-1999 phone
(970) 949-9265 fax

