



Grant Assistance Application

Thank you for your interest in receiving a grant from the Sports Broadcasting Fund. To help understand your needs, please answer the following questions. Return completed application to SVG Sports Broadcasting Fund, 260 Fifth Avenue, Suite 600, NY, NY 10001 or fax to (212) 696-1783.

Date	For Grant Committee use only <i>Please provide eligibility points & comments in shaded areas only</i> +5 4 3 2 1 0-
Name	
Address City, State, Zip	
Email	
Telephone-Home	
Telephone- Work	
Cell	
Employment status- Full-time Part-time Freelance Unemployed Retired	
Employer	
Address	
Phone	
Supervisor or Contact Telephone	
Position	
Years of service in industry or date you entered the Sports Broadcast Industry	
Age	
Married Single Divorced Widow/Widower	
Number of dependent children living with you: Names/Ages	

<p>This is my 1st application 2nd application 3rd application to the Sports Broadcasting Fund</p>	
<p>Please briefly describe the circumstances leading to your request:</p>	
<p>Please describe the type of help you need i.e. medical expense or equipment, emergency shelter, funeral expense etc. <i>(Note: the Fund does not provide cash funding directly to individuals but provides payment directly to vendors, debtors or pre-paid credit cards. Please attach a copy of the doctor letter, prescription or vendors bill, invoice or receipt that you would like to have paid.)</i></p>	

<i>This highlighted section to be completed by the Applicants Advocate Referral (employer, mentor, colleague, associate or friend)</i>	
Advocate Referral Name	
Employer/Position	
Number of Years with Company	
Address	
City, State, Zip	
Phone	
Email	
How long have you known the applicant and in what capacity?	
Please describe the role the applicant has had in the sports broadcasting industry?	
Please provide a statement of support. Why should funds be provided? Please provide a brief description of the need and how the funds would be used.	



I authorize the Sports Broadcasting Fund to verify my personal information in an effort to clarify or obtain the information necessary to evaluate my application. I certify that all information contained within this application is accurate.

Applicant Signature _____

Printed Name _____

Date _____

Advocate Referral Signature _____

Printed Name _____

Date _____

Application Received on:

Actions:

- Application is complete*
- Data is verified*
- Committee score*
- Response/Action*
- Follow up complete*
- Can use in PR*