



# BRADLEY JOHNSON MEMORIAL FOUNDATION REQUEST FOR ENTRY & TRAVEL ASSISTANCE

(The Bradley Johnson Memorial Foundation is a 501 (c)(3) Organization)

The Bradley Johnson Memorial Foundation provides junior golfers with financial assistance to participate in local, state, and national tournaments. Please complete the following application, include a golf resume and a 200 word summary of why you feel the Bradley Johnson Memorial Foundation should consider your request. We will then review your request.

## PLAYER INFORMATION

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Tournament Sanctioning Entity: \_\_\_\_\_ Number of events played: \_\_\_\_\_

Event Applying Financial Assistance For: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Location: \_\_\_\_\_

Estimated Costs: \_\_\_\_\_

Entry Fee: \_\_\_\_\_ Lodging: \_\_\_\_\_

Transportation: \_\_\_\_\_  air  car

Who will be attending with player: \_\_\_\_\_

## Player Associated with a Junior Program, Golf Professional or Coach:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Course or Jr Program: \_\_\_\_\_

## FAMILY INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Family Income (total): \$ \_\_\_\_\_

# of adults living at home: \_\_\_\_\_ # of children living at home: \_\_\_\_\_

Adult Employer: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

Adult #2 Employer: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

Other Income (All Sources): \_\_\_\_\_

## OTHER CONSIDERATIONS

Please provide any information that will assist the Bradley Johnson Memorial Foundation in granting you financial assistance. Please also tell of other financial assistance you are receiving.

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

*Please include a copy of your most recent IRS 1040 forms.*

PLEASE ALLOW A MINIMUM OF 4 WEEKS FOR YOUR APPLICATION TO BE REVIEWED