



The Richardson Foundation
 P.O. Box 341592
 Dayton, OH 45434
 (888) 873-5911

Give Our Athletes a Legacy (GOAL) Application

GOAL is a funding outreach program which provides local economically disadvantaged youths or youths in hardship situations an opportunity to participate in sports and be part of a team.

Parent/Guardian Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Player Information

Player: _____	Team: _____	Requested Fee Amount: \$ _____
Player: _____	Team: _____	Requested Fee Amount: \$ _____
Player: _____	Team: _____	Requested Fee Amount: \$ _____
Player: _____	Team: _____	Requested Fee Amount: \$ _____

Statement of Need

Briefly state the justification of need for the requested fees. The Richardson Foundation respects your privacy and will not share the information. *(If additional space is required, please attach additional sheet or use back of form).*

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

By signing this application, you are acknowledging that you are requesting financial assistance from The Richardson Foundation and if approved you will abide the terms and guidelines of the GOAL Program.

Signature: _____ Date: _____