Dear Applicant,

Thank you for your interest in applying for athlete assistance funding provided to Special Olympics Missouri Central Area athletes, through the Day Solutions Foundation. We will offer assistance to cover the registration cost for the 2018 year to participants in the Central Missouri area. There are no income requirements in order to apply for support from our organization, we only ask that honesty and integrity be used. We believe that even working families should have the opportunity to receive support.

Applicant Guidelines:

* Individual requesting funds must have an intellectual or developmental disability
* Individual must be 18 years of age or older
* Applicants may only receive funding for two events per year

Submitting Application:

* Applications must be submitted by a parent/guardian, or service coordinator, no later than two week prior to the start of the sporting event.
* Applications must include the event flyer showing location and cost of participation.
* Applications may be submitted by mail to Day Solutions Foundation, 2725 Merchants Drive, Suite B, Jefferson City, MO 65109 or by email to [tiffany@charitydsf.org](mailto:tiffany@charitydsf.org).
* Point of contact is Tiffany Burns, Executive Director, at 573-691-7242.

Application Approval:

* SOMO area coordinators will be notified by email one week prior to the start of the sport season of approved applications. A check will be issued to the area to cover approved requests within one week of the event start date.
* Applicants should follow up with local area contacts for approval information.

*We hope that our new partnership will help to unite our two organizations, to better serve the greater needs of individuals with special needs in Central Missouri!*

ATHLETE NAME:       DOB:

CARETAKER/GUARDIAN:

ADDRESS:

CITY:       STATE:       ZIP:

EMAIL:       PHONE:

SPORT YOU WOULD LIKE TO PLAY:

EVENT START DATE:       LOCATION:

AMOUNT OF FUNDING REQUESTED:

HAS APPLICANT RECEIVED PRIOR SPORT EVENT FUNDING FROM DSF:

DATE AND EVENT OF LAST FUNDING RECEIVED:

NAME OF REFERRAL OR HOW YOU HEARD ABOUT US:

PERSON COMPLETING APPLICATION:

SIGNATURE: