

**HELPING GEORGIA YOUTHS SUCCEED
THROUGH SPORTS (HGYSS)**

Sponsorship Application

Full Name: _____ Date of birth: _____

Address: _____
(Must be physical address)

Telephone No.: _____ Alt. No.: _____

Current School: _____

Grade: _____ Previous Semester/Term GP _____

Sport targeted for Sponsorship? _____

Previously requested funding from HGYSS? Yes____ or No ____

Sponsored? Yes____ or No ____

Organization name and address to which, if approved, the sponsorship donation will be paid:

Amount requested for Sponsorship: \$ _____

What time-period does this funding cover? _____

Are you or your parents contributing for your participation in this sport?

If yes, how much \$ _____

Do you need academic tutoring in conjunction with your athletic sponsorship? Yes____ or No ____

Student Signature

Date

Parent/Guardian Signature

Date

FOR OFFICIAL USE:

Approved: Yes____ or No____ Amount approved: _____

If not approved: _____

Previously received funding from HGYSS? Yes____ or No ____

Board Member/Title

Date

Yes____ or No____

Board Member/Title

Date

Yes____ or No____

Board Member/Title

Date

Yes____ or No____