



# STRONG A.R.M. FOUNDATION

*"It takes a village to raise a child"*

APPLICATION INSTRUCTIONS (1 Page)

All applicants:

Please note there are FOUR separate documents within this Application Binder PDF

1. Hardship Funding Application (4 pages)
2. Parent / Guardian Survey (3 pages)
3. Participant Initial Survey (2 pages)
4. Permission To Use Photograph (1 page)

Please answer all questions, sign and mail to:

**Strong A.R.M. Foundation**  
**Attn: Sophia Smith**  
**2200 Paseo Verde Pkwy Suite 300**  
**Henderson, NV 89052**

Please note the address above is for mailings only.



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## HARDSHIP FUNDING APPLICATION (4 Pages)

Please answer all questions. Incomplete applications can postpone application process or result in denial.

**Participant's Full Name:** \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Social Security: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade Level: \_\_\_\_\_ School Name: \_\_\_\_\_ GPA: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent / Guardian's Full Name:** \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Social Security: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about Strong A.R.M. Foundation? (circle one): Website  Social Media Friend  Team  Community Center  Other - please print name of person or establishment below.

\_\_\_\_\_

Please write or **circle** the appropriate response below.

\* Race: American Indian White  Native Alaska  Asian  African American Native Hawaiian or Pacific Islander  Hispanic  Latino, Other: \_\_\_\_\_

\* Marital Status: Single  Married  Divorced  Widowed  Domestic Partner

\* Military Affiliation: Yes  No

If "Yes" which branch of military? \_\_\_\_\_ Years of Service: \_\_\_\_\_

\* Number of People in Household: \_\_\_\_\_

\* Household Income: (per month): \_\_\_\_\_

\* Household Expenses:

Rent: \_\_\_\_\_

+ Utilities: \_\_\_\_\_

+ Food: \_\_\_\_\_

+ Other: \_\_\_\_\_

= Total: \_\_\_\_\_

\* Are you receiving government assistance? Yes  No

\* Would you like us to connect you with a counselor? (circle all that apply below)

Workforce  Marriage & Family Counseling  Drug Counseling  Abuse Counseling

\* Please briefly tell us about your situation. (can also attach on another paper)

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- \* Activity Type: \_\_\_\_\_
- Name of organization for activity: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Fee Amount: \_\_\_\_\_
  - Is this your first time? Yes  No
  - If not, how many times have you played this? \_\_\_\_\_

**Documents Needed: Check and attach all documents before mailing application to be processed.**

- Copy of Tax Return for last year and 1 month of paystubs
- Copy of Youth's Birth Certificate
- Copy of Guardian ID
- Letter of hardship from guardian.
- Letter from youth or applicant on why they want to play, commitment to keep grades up..
- Military ID (if applicable)
- Financial Assistance Documentation (if applicable)
- Youth ID (if applicable)

**TERMS AND CONDITIONS:**

By signing this form, I certify that the above information is correct to the best of my knowledge. I understand that the Strong A.R.M Foundation, through awarding of funding, is not liable for any damage or injury occurring during participation in the sport for which the funding is being used. Each recipient is responsible for his/her transportation to and from practices and games. You may be responsible for equipment and uniforms required for participation. Funding will not be paid to the individual recipient, nor will any money be.

- If funding is provided to a child for a season and the child quits playing the sport or activity, the child will not be eligible to receive additional funding for 1 year.
- If funding is provided to a child for a season, there will be 5 hours of volunteer work for the Strong A.R.M. Foundation required by the parent/guardian.
- If a family has more than one child applying for funding, an application must be completed for each child. There will be 5 hours of volunteer work for the Strong A.R.M. Foundation required by the parent/guardian per child.
- Each application will be considered on a case-by-case basis by the Strong A.R.M. Foundation President and Treasurer. The application is considered private and will not be shared with anyone other than those representatives.
- Commitment to attend a minimum of 90% of scheduled practices and games.

By signing below, I agree to the above conditions. I understand that if the conditions above are not met in any way, my child will not be eligible for additional funding through the Strong A.R.M. Foundation for one full calendar year. I understand that my signature authorizes Strong A.R.M. Foundation to obtain verification of all information on this application and that additional information may be necessary for approval of this application. I certify that all of the information on this form is true and correct.

Please Sign

Parent / Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Strong A.R.M. Foundation does not discriminate based on gender, ethnic background, sexual orientation, physical ability, cultural or religious background.



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## PARENT / GUARDIAN SURVEY (3 Pages)

Parent / Guardian's Name: \_\_\_\_\_

Please write or **circle** the appropriate response below.

What do you hope participant will get from attending Strong A.R.M. Foundation programs?

What is your relationship to the participant? Parent  Guardian

Are you a single parent? Yes  No

How old is the participant? Answer: \_\_\_\_\_

Does the participant have children? Yes  No

Does participant associate with negative peers? Yes  No

Is participant involved in a gang? Yes  No

Is participant involved in drugs? Yes  No

**Circle** any of the following that the participant lacks:

Positive Role Model  Spiritual Guidance  Direction  Respect  Goals

Dreams  Talent Motivation  Self-esteem  Mentors  Positive Peers

What changes would you like to see in the participant?

Please  circle the appropriate response below.

Gender: Male  Female

Age: 15-18  19-25  26-35  36-42  43+

Ethnicity: Black  Hispanic  Asian  White  Native American  Other \_\_\_\_\_

I am a single parent: Yes  No

I am, or my spouse is, or has been, in the military: Yes  No

I am a guardian for this participant: Yes  No

I have a family member currently in jail or prison: Yes  No

I have been arrested for committing a crime: Yes  No

One or both parents are in jail or prison: Yes  No

I left an abusive relationship: Yes  No

Please circle the appropriate response below.

1) Strongly Agree \* 2) Agree \* 3) Undecided \* 4) Disagree \* 5) Strongly Disagree

- 1) The participant associates with negative peers: 1 2 3 4 5
- 2) The participant is involved in a gang: 1 2 3 4 5
- 3) The participant abuses drugs: 1 2 3 4 5
- 4) The participant abuses alcohol: 1 2 3 4 5
- 5) The participant respects his/her parent or guardian: 1 2 3 4 5
- 6) I believe that the program can be effective for the participant: 1 2 3 4 5
- 7) I have a good relationship with the participant: 1 2 3 4 5
- 8) The participant discusses his/her goals with me: 1 2 3 4 5
- 9) I believe the program can be effective for my youth: 1 2 3 4 5
- 10) The participant has problems focusing: 1 2 3 4 5
- 11) This program will give the participant a positive role model: 1 2 3 4 5
- 12) The participant has problems communicating: 1 2 3 4 5
- 13) The participant has problems expressing emotions: 1 2 3 4 5
- 14) This program will keep the participant out of trouble: 1 2 3 4 5

**Please sign**

Parent / Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_





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## PARTICIPANT INITIAL SURVEY (2 Pages)

**Participant's Name:** \_\_\_\_\_

Who inspires you and what are their specific characteristics that inspire you?

What things in life are you passionate about?

What have you done that makes you feel proud?

Do you have a talent that you do not use and if so, what is it?

Do you have any future goals?

Where do you see yourself in a year?

What would you like to get from our program that could assist you with having a positive future?

Please **circle** the appropriate response below.

Gender: Male  Female

Age: 5-10  11-15  16-18

Ethnicity: Black  Hispanic  Asian  White  Native American  Other

My parent/guardian has been in jail or prison: Yes  No

I have a family member currently in jail or prison: Yes  No

I have been arrested for committing a crime: Yes  No

Please **circle** the appropriate response below.

1) Strongly Agree \* 2) Agree \* 3) Undecided \* 4) Disagree \* 5) Strongly Disagree

- 1) I have positive people I look up to: 1 2 3 4 5
- 2) I have hobbies/activities that I enjoy: 1 2 3 4 5
- 3) I like when someone makes me feel proud. 1 2 3 4 5
- 4) I have a talent that I do not use. 1 2 3 4 5
- 5) I have future goals. 1 2 3 4 5
- 6) I respect my parent/guardian. 1 2 3 4 5
- 7) I respect myself. 1 2 3 4 5
- 8) I believe that I can benefit from the program. 1 2 3 4 5
- 9) I believe this program will inspire me to be a better person. 1 2 3 4 5
- 10) I believe the program will be effective for me. 1 2 3 4 5
- 11) I want to learn something new. 1 2 3 4 5
- 12) I am a member of a gang. 1 2 3 4 5
- 13) I know or have gang members in my family. 1 2 3 4 5
- 14) I have used drugs. 1 2 3 4 5
- 15) I have been in trouble in school. 1 2 3 4 5

**Please print and sign**

Participant's Name (Print): \_\_\_\_\_

Participant (Signature): \_\_\_\_\_

Date: \_\_\_\_\_



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## PERMISSION TO USE PHOTOGRAPH (1 Page)

Subject: \_\_\_\_\_

Location: \_\_\_\_\_

I grant to Strong A.R.M. Foundation, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize Strong A.R.M. Foundation, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Strong A.R.M. Foundation may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

### **I have read and understand the above:**

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

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

Date: \_\_\_\_\_

Signature, parent or guardian: \_\_\_\_\_  
(if under age 18)