

**Application for Assistance
Fort Worth Sports Medicine Foundation**

A. General Information

Name of Applicant:

First	Middle	Last	Preferred
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Street Address: _____

City: _____ ZIP: _____

High School: _____

High School Athletic Trainer Phone Number _____

Parent or Guardian Names: _____

B. Medical Information

Injury: _____

Name of Physician: _____

Office Name: _____ Number _____

Please list all diagnostic tests including but not limited to x-rays, MRI, CT Scans, and Bone Scans which have been performed in relation to this injury and the location where these tests were performed.

C. Financial Information

Please discuss the reason for which you are applying for assistance from the Fort Worth Sports Medicine Foundation on a separate piece of paper. Be sure to include reasons for financial hardship, what assistance you are requesting, amount your family is able to contribute to the procedure, and all relevant details on your planned procedure. Income documentation may be required, which may include pay stubs and tax returns.

D. Eligibility

- Eligibility will be determined by the FWSMF Committee
- Letter of support or statement of need from athletic trainer or head coach required.