

**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.