



HBSF GRANT APPLICATION

2018

Section 1: Personal Information

Please enter your answers in the fields provided. When completed, this document can be saved on your local computer and submitted electronically ONLY (by or before the application deadline).

When viewed on most computers, laptops, or tablet devices, this document can be completed and then saved using the "Save As" menu command. Once saved, the information in the edit fields (your answers) should be retained as part of the saved PDF document. This saved document can then be e-mailed to HBSF. If, for any reason, the information you entered is not retained in the saved application, please provide that information in a separate document (e.g., Microsoft Word or Adobe Acrobat).

Only e-mail submissions will be accepted. Mail and fax submissions will not be accepted. All information submitted in this application or attached documents is considered confidential.

Today's Date:

Your Name:

Your Age:

Your Mailing Address:

City:

State:

Zip Code:

Home Phone Number:

Cell Phone Number:

Current E-Mail Address:

Your Social Security Number:

Are you an American citizen?

Yes

No

Section 2: College/University Information

The following information pertains to the college or university you are currently attending.

Name of College or University:

School Mailing Address:

City:

State:

Zip Code:

Your Major:

Anticipated Graduation Date:

Is your school a member of ACUI? Yes No

If "No" to above, are you an individual member of ACUI? Yes No

Have you received a grant from HBSF before? * Yes No

* If "Yes" to above, in what year was the most recent grant received?

* Also, if "Yes" to above, tell us in a few words
how the grant helped your shooting

Do you receive funding from your college/university for shooting? * Yes No

* If "Yes" to above, for what did you receive
funding?

Section 3: Request for Financial Assistance

*Note: Information requested below can be provided on separate sheets (electronic documents), but must be submitted along with this application form. Please refer to our **Instructions and Guidelines** document for acceptable document format requirements and additional information about application preparation and submission.*

1. How much money are you requesting?

2. What will you use the money for? Please provide an itemized budget reflecting your needs and reason(s) for requesting a grant.

3. What will this grant enable you to do that you would not be able to do otherwise?

Section 3: Request for Financial Assistance (*continued*)

4. Please list the names, titles, and contact information of at least two people who will vouch for you (do not include your parents). Consider teachers, leaders in your community, school coaches, or other sponsors.

5. HBSF requires that you provide at least **two** letters of recommendation (dated within the last 12 months). You may consider the people listed in the previous field. Letters of recommendation should be included with this application. If you have further questions, please e-mail or call... melinda.branchini@hbshootingfoundation.org or 214-914-4514.

6. Provide a list of awards (shooting or otherwise), certifications, community work, memberships in relevant organizations, etc.

7. PLEASE PROVIDE HBSF WITH A LETTER OR OFFICIAL DOCUMENT THAT VERIFIES YOUR CURRENT ENROLLMENT AT YOUR COLLEGE OR UNIVERSITY. IF YOU HAVE QUESTIONS REGARDING THIS, WE RECOMMEND YOU CONTACT THE REGISTRAR'S OFFICE AT YOUR SCHOOL.