



SEL8NNE *Foundation*

Dear Grant Applicant,

Thank you for consideration with respect to the Sel8nne Foundation. We are here to assist in the academic development of student/athletes through youth sports! Grant applications will take a minimum of twelve (12) weeks before the Board will make a status decision. If you need a status decision sooner, please note that on your application and/or contact us by email.

Please fill out this grant application and attach additional supporting pages if necessary. One application per team must be submitted with the following supporting documents:

1. Documentation of any scholarships, grants or fundraising revenues received by team and/or players and projected revenue if not yet received
2. Reason for requesting funding by organization
3. Confirmed team travel schedule (if applicable)
4. Return envelope for our decision to our address below:

Sel8nne Foundation
22431 Antonio Parkway Suite B160-800
Rancho Santa Margarita, CA 92688

Generally, the Foundation will not follow-up with missing or incomplete grant applications. The Foundation will deem this application to be insufficient or incomplete and no decision will be rendered. It is the sole responsibility of the submitting organization to check to make sure all required documentation is submitted correctly for your consideration. The Board of Directors has their own Foundation Guidelines for determining all Scholarship and Grants. Due to the overwhelming number of applicants, unfortunately the Foundation will only contact approved grant applications.

PLEASE DO NOT SEND DOCUMENTS WITH STAPLES OR WITH SIGNATURE REQUESTED DELIVERIES.

Sincerely,

Sel8nne Foundation
Board of Directors

22431 Antonio Parkway Suite B160-800 Rancho Santa
Margarita, CA 92688 Tele 949.544.3110
www.Sel8nneFoundation.com



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Grant Application Form

Date:	
Team name:	Organization/Rink:
Name of application contact:	Title
Contact address:	
City & Zip code:	
Phone number:	Email:
Current division of team(s) applying for grant support (check all that apply) <input type="checkbox"/> Mite <input type="checkbox"/> Squirt <input type="checkbox"/> Pee wee <input type="checkbox"/> Bantam <input type="checkbox"/> Midget 16U <input type="checkbox"/> Midget 18U	

Have you received any scholarship or financial assistance from any other organization(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the organization(s) you have received aide from:

Head coach's name:	Phone number
Team manager's name:	Phone number:
Total no. of players on team:	
Total amount of grants, player scholarships, fundraising for team (if any):	

State briefly why you need a team grant (attach additional information if necessary)

Head coach's signature	Team manager's signature

ALL INFORMATION SUBMITTED WILL BE KEPT CONFIDENTIAL

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