



531 E. Walnut Street, Hinsdale, Illinois 6052 | info@brooksstrong.org | <http://brooksstrong.org> | 312-933-6673

Grant Application

Brooks Tonn was a kid whose enthusiasm and fervor for life was evident in his love of sports. The life lessons that Brooks learned on the field helped him in his fight with cancer. Many saw firsthand what extracurricular activities provided Brooks while he was going through his cancer treatments.

The mission of Brooks Strong Foundation is to provide a resource that will help defray the cost of sports and other community programs for kids in families suffering from the financial hardships associated with ongoing cancer treatment.

Brooks Strong will provide grants to families in need so their children will not have to miss some of the best parts of childhood. No child should have to miss the opportunity to develop a strong character through teamwork, competition, and problem-solving that comes with these activities.

Please take a few minutes to introduce yourselves and tell us what your sport or other extracurricular activity means to you and your child. Please use a separate form for each child in the family requesting program support. Children need to be between 8-18 to be considered for a grant. All grants subject to availability of funds.



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Parent Information

Parent's Name: _____

Address: _____

City, State, Zip: _____

Phone Number: Home _____ Work _____ Cell _____

Email Address: _____ Applicant's Information:

Child's Information

Name: _____ Date of Birth: _____ Grade: _____

Gender: M/F

Grant Request Amount: _____ Extracurricular Activity: _____

Organization/Individual Name: _____

How many years has your child participated in this activity? _____

Make Check Payable to (if different from above): _____

Mailing address of organization receiving: _____

Organization website and phone number: _____

In 250 words or less, tell us your story. What does your activity mean to your child and you, and why do you require financial assistance to continue your involvement (attach additional page if necessary)?



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Consent to Exchange Information

I understand that additional information may be required to properly verify grant eligibility. By signing this form, I am permitting Brooks Strong Foundation to contact the above individual using the information provided on the form. I attest that I have filled out this form completely and accurately to the best of my knowledge. I assert that receipt of a grant will aid in easing financial difficulties which would otherwise exist if expenses related to my child's activity were paid out of family funds.

Printed Name of Parent/Guardian _____

Signature _____ Date _____