



Athlete Financial Assistance Application

Date: ____/____/____

Your Name _____

Phone _____ **Email** _____

Address _____ **City, State, Zip** _____

Your sport _____

What is your anticipated loss of income this year due to race cancellations? _____

If asked, could you provide documentation of race income from prior seasons? _____

Do you have sources of income other than racing? _____

Requested amount _____ **To be used for** _____

Describe your situation resulting in this need _____

Are you willing to participate in a community service project for 1-2 hours with the Colorado Sports Chiropractic staff? _____