



**JORDAN D. SAVAGE FOUNDATION**  
P.O. Box 1758  
CONYERS, GEORGIA 30012  
EMAIL: JDOTSAVAGE@GMAIL.COM



## SPONSORSHIP APPLICATION

### APPLICANT INFORMATION

Name:			Male	Female
Date of birth:	Age:	School Year Grade:	School:	
Current address:				
City:		State:		ZIP Code:
Parent/legal guardian:		Address: (if different from player)		Phone:

### TEAM INFORMATION

Current team:		
League:		How long?
Coach:	E-mail:	Position:

### STATEMENT OF UNDERSTANDING

☐

I understand that the Jordan D Savage Foundation is a nonprofit organization and that financial assistance is made possible through the generosity of donors and members.

☐

We will work side-by-side with our coaches, teammates and family to make sure that all players have the opportunity to learn, grow and succeed in athletics and academics.

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I understand that sponsorships will be awarded on a first-come, first-served basis, subject to available funds and eligibility.

Initial here that you have read and understand all of the above statements. \_\_\_\_\_

Please answer the following questions. You may write or type your answers on a separate piece of paper if necessary.

1. What are your goals in life?
2. When you are not in school, what do you most enjoy doing to improve yourself?
3. What other sports do you play?



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**PARENT/LEGAL GUARDIAN INFORMATION**

Name:

Date of birth:

Email:

Phone:

**PARENT EMPLOYMENT INFORMATION**

Current employer:

Employer address:

Position:

Annual income:

**ONE OR MORE COACHES RECOMMENDATION**

Name

Phone

Name

Phone

**ASSISTANCE REQUESTED**

What kind of assistance are you requesting?

Financial

Equipment

How Much is Registration?

How much are you requesting?

If Equipment, what equipment is needed?

Twitter Handle:

Instagram:

Snapchat:

Facebook:

**SIGNATURES**

I certify that all information is true and complete to the best of my knowledge and any misrepresentation may result in immediate sponsorship termination and suspension from making any future applications.

Signature of applicant:

Date:

Signature of parent/legal guardian

Date:

Application must be returned to: Jordan D Savage Foundation, Inc. P.O. Box 1758, Conyers, GA 30012 or scan and email to Jdotsavage@gmail.com

**JDOTSAVAGE.ORG**