The Acrobatic Gymnastics Foundation (AGF) is a national non-profit organization focused solely on Acro. Its mission is to enrich our community, provide athlete funding, and create a sustainable platform to engage and empower acrobatic athletes.

Founded in 2011 by former World Champion, Kristin Allen, the AGF strives to inspire the next generation of champions. “Acro has given me incredible opportunities and I want to give back to the sport which has given me so much,” said Allen.

In keeping with its mission to provide athlete funding, the foundation launched the Athlete Assistance Grant program. Through this program, AGF seeks to help acro athletes who are facing financial hardship and need help in order to continue training or to compete.

AGF plans to disburse funds annually in the spring. A committee made up of foundation board members, including Allen, will review grant applications and determine recipients and grant amounts based on selection criteria and available funds.

How to apply for an Athlete Assistance Grant:

- Complete the application found on the following page.
- Athletes currently at Level 6 and above are eligible to receive grants.
- The following criteria will be considered in the selection process:
  1) Specific need for which the grant is being requested
  2) Degree of financial hardship
  3) Number of years in the sport (a minimum of 1 year is preferred)
  4) Athlete’s competition level
- Scan completed application and email to officialiheartacro@gmail.com
- Application is due by February 1, 2016

Questions? Email officialiheartacro@gmail.com or call Angie Lemmons at 210-275-5031
Athlete Name ____________________________________________________________________________

Date of Birth ____/____/____      Level _______    USA Team: _Nat’l__ _ICT__ _AGDT__ _n/a

Athlete Address __________________________________________________________________________

Phone ______________________________   Email _____________________________________________

USA Gym # _______________________
Coach’s Name_______________________________________

Home Gym Name ________________________________  Phone #_________________________________

Grant Amount Requested: $___________________

What will funds be used for? ________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Demonstration of Financial Need
(Note: If grant is awarded, you will be asked to submit your most recent tax return to verify your income)

Family’s Adjusted Gross Income from latest Tax Return: $__________________ (or Athlete’s if adult)

Describe you or your family’s circumstances which impact your need for financial assistance:
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Will you be able to continue to train & compete in Acro without this grant?     ____ Yes     ____ No

If AGF can only partially fund the amount, do you have any other way to fulfill your needs? ____Yes  ____No

I certify that the statements and information in this application are true and correct to the best of my
knowledge and belief. I also understand that any misrepresentation, falsification, or material omission of
information on this application may result in failure to receive a grant. I understand and agree that an AGF
representative may call myself, my gym or my coach to obtain more information or clarification needed to
evaluate this application.

________________________________  __________     _______________________________  __________
Athlete Signature     Date     Parent/Guardian (if athlete under 18)     Date