

BRADLEY JOHNSON MEMORIAL FOUNDATION REQUEST FOR ENTRY & TRAVEL ASSISTANCE

(The Bradley Johnson Memorial Foundation is a 501 (c)(3) Organization)

PLAYER INFORMATION

Name:	Birthdate:
Address:	
City/State/Zip:	
Phone Number:	Email Address:
Tournament Sanctioning Entity:	Number of events played:
Event Applying Financial Assistance	For:
Event Date:	Event Location:
Estimated Costs:	
Entry Fee:	
Transportation:	air Car
	ogram, Golf Professional or Coach: Title:
Name:	Title:
Phone Number:	Course or Jr Program:
FAMILY INFORMATION	
Parent/Guardian Name:	Family Income (total): <u>S</u>
# of adults living at home:	# of children living at home:
Adult Employer:	Annual Income: \$
Adult #2 Employer:	Annual Income: S
OTHER CONSIDERATIONS Please provide any information that will	assist the Bradley Johnson Memorial Foundation in granting you other financial assistance you are receiving.

Signature of Applicant	
Signature of Parent/Guardian	
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PLEASE ALLOW A MINIMUM OF 4 WEEKS FOR YOUR APPLICATION TO BE REVIEWED

Please attach your golf resume, your most recent IRS 1040 forms, and a 200-word summary of why you feel the Bradley Johnson Memorial Foundation should consider your request. These documents are required in order to review your request. Please mail these documents to P.O. Box 3933, Auburn, AL 36831.