

USA Gymnastics									
ILLINOIS FUNDING APPLICATION									
APPLICANT INFORMATION									
Name:									
Date of Birth:			USAG #:			Phone:			
Address:									
City:			State:			Zip:			
Email Address:									
State: 4			State Director: Lacey Rienbolt						
Level (circle one):		JS	EDP	YE 11-12	YE 13-14	JR Elite	INT Elite	SR Elite	Coach
National Team Member:		Yes		No		State Director:			
EVENT FUNDING INFORMATION									
Competition Name:									
Venue:									
City:			State:			Zip:			
EVENT COSTS									
Airfare:			Lodging:			Meals:			
Meet Fees:			Car Rental:						
Other miscellaneous Expenses:									
ILLINOIS STATE FUNDING GUIDELINES									
<p>Travel grants will be a reimbursement and mailed to the participant after the event. Funding is not only based on competition, but also team participation and appropriate behavior while on assignment. Participants that are put on probation or the assignment is terminated early, would be grounds for non-funding. Only injuries that occur or an incident that exacerbates a previous malady while at the event will be considered and taken under consideration when funding is requested. Known previous injuries or sport psychology issues precluding participation will be cause for non-funding. The athlete and personal coach must fully disclose any pre-existing injuries or other issues that might inhibit full participation PRIOR to departure for the competition. No travel grant may exceed total expenditures of each specific competition. Receipts showing payment for hotel, travel and entry fees must accompany each grant application. If the participant violates the funding policy while at a competition will either not receive funding.</p>									
<p>I authorize USA Gymnastics, to verify the information provided on this form as well as all receipts provided. If any information provided is proven to be false or forged, the I will not be eligible for two years for future funding.</p>									
Signature of applicant:									
Date:									
Signature of Parent/Guardian if Applicant Under 18:									
Date:									
Signature of Athlete's Coach:									
Date:									
Send completed application and all supplemental information required to:									
USA Gymnastics Region 4									
Email: <a href="mailto:usagttregioniv@gmail.com">usagttregioniv@gmail.com</a>									



