



GRIDIRON GREATS ASSISTANCE FUND

Enclosed is your Assistance Request Form from Gridiron Greats Assistance Fund (GGAF). GGAF is a Wisconsin non-profit corporation that has received recognition of federal tax-exempt status as a public charity under Section 501(c)(3) of the Internal Revenue Code, whose purpose is to provide services and financial aid to former NFL players in dire need. **Please read this letter carefully.**

Please fill out this application in its entirety and check the box allowing us to ***run a credit check to verify information.*** It is important that you fill out all information and provide us with any support documents that you have. Please be thorough in your request for a grant as once a grant is approved you will not be eligible to receive additional funds from GGAF for a period of at least 3 (three) years.

Please include the last two years of tax returns and a detailed letter describing your current situation.

While funds are available for all former NFL players that played ***three or more years in the league,*** the fund has set certain criteria and limitations. The following are the priorities established by our organization for the release of funds:

1. Immediate medical and shelter for players with football related injuries that prevent them from working.
2. Immediate medication and shelter for players with football related injuries that make it difficult to work.
3. Immediate medical and shelter for players not related to football injuries.
4. All other emergency situations.

It is important for us to know what football injuries you have and if you have applied or are currently applying for disability to the NFL, NFLPA or any other assistance programs. ***You must list all your assets and liabilities.*** As you can imagine, we need to prioritize between various people that need assistance. A few of the considerations we need to look at are the ability to work, spousal income and ability to work, family situations, reasons for dire need circumstances, and short term versus long term issues. Obviously, the funds go to those that are in the most desperate situations. We hope you understand and appreciate our mission.

Keep in mind that we have a duty to the Internal Revenue Service to keep complete records of all qualified applicants who receive grants. Any inaccurate information on the form can lead to the denial of your application.

You can submit the application to the address below, you can fax to our office @ 847-656-5487, or you can email me at karenw@gridirongreats.org

Sincerely,

Gridiron Greats Assistance Fund

8 4 7 - 6 5 6 - 5 4 8 7 ★ GRIDIRONGREATS.ORG

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GRIDIRON GREATS ASSISTANCE FUND INC.
ASSISTANCE REQUEST FORM
(ALL INFORMATION CONTAINED HEREIN IS STRICTLY CONFIDENTIAL)

APPLICANT INFORMATION

Last Name _____ First Name _____ Middle _____

Street Address _____ City _____

State _____ Zip _____ Home Phone _____

Work Phone _____ Cell Phone _____

Email Address _____ FAX _____

Date of Birth _____ Age _____ Social Security # _____

Spouses Name (if any) _____

League Played For _____ Number of Years Played _____

Teams Played For _____

If applicant is not a former professional football player, please identify to whom applicant is related and the nature of the relationship.
Check here to authorize us to run a credit report on you - _____

[YOU DO NOT NEED TO HAVE A FOOTBALL RELATED INJURY TO APPLY]



Do you have a pending application with the NFLPA? _____

Have you ever applied to the NFL or NFLPA for disability support? _____

Are you receiving disability from the NFLPA? _____

Are you receiving disability support from Social Security? _____

Do you have Football related injuries? _____

If so, are they permanent? _____ Do you feel you are disabled? _____

NEEDS INFORMATION:

PLEASE DESCRIBE YOUR CURRENT SITUATION IN DETAIL:

PLEASE SPECIFY EXACTLY HOW MUCH FINANCIAL ASSISTANCE YOU ARE REQUESTING:

\$ _____

847-656-5487 ★ GRIDIRONGREATS.ORG

350 S. NORTHWEST HIGHWAY ★ SUITE 300 ★ PARK RIDGE, IL 60068



Please describe your current financial need and the intended use of funds (attach additional sheet if necessary) Preference is given to requests for payments directly to providers and third parties such as mortgage companies, doctors, pharmacies etc. We do provide cash support for items such as food, clothing etc. Please list detailed requests for payments to be made directly to providers (such as Doctors, Hospitals, Pharmacies, Utility Companies, Landlords, Etc). These must be listed on the attached payee form.

Provider	Type of Service	Amount Owed
Provider	Type of Service	Amount Owed
Provider	Type of Service	Amount Owed
Provider	Type of Service	Amount Owed
Provider	Type of Service	Amount Owed

INCOME/ASSETS/ WAGES

Employer _____ Annual Income _____

Employer Contact & Phone _____

Spouse Employer _____ Annual Income _____

Employer Contact & Phone _____



OTHER INCOME AND ASSETS

Annual NFL Pension _____ Annual Social Security _____

Retirement Funds _____ Is there a loan against retirement funds? _____

House Value _____ Automobiles and Value _____

Jewelry and Value _____

Memorabilia and Value _____

Retirement Funds Value _____

Other Items of Value _____



BANKING ACCOUNT INFORMATION

CHECKING

Name of Bank _____ Balance _____

SAVINGS

Name of Bank _____ Balance _____

MMA

Name of Bank _____ Balance _____

OTHER

Name of Bank _____ Balance _____

OUTSTANDING DEBTS

HOME LOAN: _____ Monthly Due _____

PHONE: _____ Monthly Due _____

UTILITIES: _____ Monthly Due _____

RENT/MORTGAGE: _____ Monthly Due _____

CAR LOAN: _____ Monthly Due _____

MEDICATIONS: _____ Monthly Due _____

DOCTOR: _____ Monthly Due _____

CREDIT CARD: _____ Monthly Due _____

OTHER: _____ Monthly Due _____



OTHER SOURCES OF SUPPORT

Organization _____ Contact _____ Phone # _____

Organization _____ Contact _____ Phone # _____

Have you recently applied to other organizations that provide financial aid or services to retired players such as the PAT Fund or other independent groups? If YES, please list the organization and if a grant was approved the amount and date received.

Organization _____ Contact _____ Phone # _____

Organization _____ Contact _____ Phone # _____

ELIGIBILITY PURPOSE INFORMATION

What best applies and/or describes the circumstances of your request for assistance:

Medical Nourishment Shelter Other

Do you consider your current need an emergency or urgent need? Yes No

Are you currently under a doctor's care? Yes No For: _____

Describe: _____

Are you currently enrolled with one of the following? Medicaid Medicare

Do you currently have medical or supplemental medical insurance? Yes No

(Insurance Carrier) _____

Are you seeking application to the GGAF Medical Referral Program? YES NO

If YES, please describe your medical situation and needs: _____



I certify that the information I have provided to Gridiron Greats Assistance Fund, Inc. is accurate and correct to the best of my knowledge and ability. I understand that any misrepresentation or falsification of information on this form will void my application. I further understand my request will be treated with confidentiality. However, I also understand that the Gridiron Greats Assistance Fund may seek additional pertinent verification of the information provided on this application and I expressly consent to such inquiries:

Applicant: _____ Witness: _____

Print: _____ Print: _____

Phone: _____ Phone: _____

Date: _____ Date: _____

Please provide the following documentation to help us verify your information:

- *Copies of your tax returns for the last two years*
- *Copies of bills or medical estimates relevant to the assistance for which you are applying*
- *Any additional supporting documentation that will help us to understand your circumstances*

Please email completed applications to: karenw@gridirongreats.org or fax to: (847) 656-5487

If sending by regular mail address to:
Gridiron Greats Assistance Fund
350 S. Northwest Highway, Suite 300, Park Ridge, IL 60068
1-847-656-5487

IF YOU NEED HELP OR HAVE ANY QUESTIONS ABOUT FILLING OUT THIS APPLICATION PLEASE CALL US AND WE CAN PUT YOU IN TOUCH WITH STAFF.

PLEASE SEE NEXT PAGE FOR OPTIONAL INFORMATION RELEASE FORM

8 4 7 - 6 5 6 - 5 4 8 7 ★ GRIDIRONGREATS.ORG

350 S. NORTHWEST HIGHWAY ★ SUITE 300 ★ PARK RIDGE, IL 60068



OPTIONAL PLAYER APPLICANT RELEASE FORM

[The decision on your application is not based upon you filling or not filling out this form. Your application is reviewed independently and you are NOT required to fill out this form. HOWEVER, if you wish to apply for the Gridiron Greats Medical Program you must check the release of medical information to GGAF programs and physicians groups box. This is a voluntary form we use to help assist you by providing your information to other organizations that may be able to provide support to you and to help create public awareness about the status of dire need former professional football league players]

DATE: _____

PLAYER NAME: _____

RE: Release of Your Information

Dear Applicant:

Thank you so much for contacting Gridiron Greats Assistance Fund. We are here to help. One of the ways we can help all players and their families who contact us is to get the word out about the suffering that is going on among former players and their families. We could use your help.

INITIAL IN COLUMNS TO INDICATE AUTHORIZATION FOR RELEASE OF THE FOLLOWING INFORMATION:

ITEM	RELEASE TO POTENTIAL DONORS	RELEASE TO MEDIA OR PUBLIC
Injuries		
Current Situation		
Career Injuries		
Attempts at Benefits		
Thank you Notes		
Use of Name		
Medical Information		



We are asking for your permission to help find other assistance for you and /or tell your story to potential donors; and if you allow, the media and public. We will share a general description of your story, and possibly a general description of your football career injuries. We would not disclose specific financial or medical information (from doctors, hospitals, etc. unless you specifically authorize below).

An example of what this would look like would be “John Doe Football Player, who played 10 years with the Comets, has lingering health issues related to a neck injury and leg injury suffered on the field. Because working with the injury is difficult, he has a family to support and little income.” You will have complete APPROVAL over any pieces of your story shared with the media or public. We would also like to publish any appreciation or other notes you send to us.

Also please let us know if you would like to authorize “GGAF” representatives to discuss any and all aspects of your employment and benefits with the NFLPA, the NFL and related teams, the Bert Bell/Pete Rozelle Retirement Plan.

Signature: _____

Print Name: _____

Date: _____

By signing above, you grant to Gridiron Greats Assistance Fund, Inc. the authority to publish relevant information we receive from you in order to raise further awareness and funds. You MAY revoke this consent at any time by writing to us.