

Daniel J. Lunger Memorial Foundation

2008- 2009 Application for Individual Assistance

The Daniel J. Lunger Memorial Fund was established to provide scholarships and financial assistance to young persons and organizations that participate in activities that characterized his life, primarily swimming and scouting, and to educate youth organizations and parents about cardiac disorders occurring in youth.

Procedures

- § Awards will be given on merit. Award values will vary between \$250.00 and \$750.00. A maximum of four awards will be given each calendar year.
- § This application can be completed by the individual or by the individual's coach or scoutmaster.
- § Applicants may not be related to members of the Selection Committee in any way.
- § Address completed applications to: Daniel J. Lunger Memorial Foundation; 771 Carr Street; Lakewood CO 80241
- § Applications for Spring Awards must be received by January 9, 2009. Applications for Summer Awards must be received by May 1, 2009.
- § Be advised that the applications become the property of the selection committee and will not be returned to the applicant. The selection committee will advise all applicants of their status within 30 days of the application deadline.
- § Submitting an application is in no way a guarantee that assistance will be granted. There is no appeal, and the decision of the selection committee is final.
- § All applications may be printed or typed.

Requirements

All Swim applicants must

- § Be 16 - 20 years old and be registered with Colorado Swimming or CHSSA with at least State Qualifying times or be a Jefferson Country MVP candidate.
- § Complete page 2 and attach additional pages as necessary and complete page 3. If you wish to be considered on the basis of Financial Need please complete page 6.

All Scout Applicants must

- § Be 13 -18 years old and be registered with Denver Area Council, BSA and have achieved at least the rank of First Class.
- § Complete pages 4 and attach additional pages as necessary and complete page through 7 of this application. If you wish to be considered on the basis of Financial Need please complete page 8.

Swim Applicant's Information

Full Name

Home Address

City _____ State _____ Zip _____

Home Telephone Number _____

Name of Parent or Guardian

LSC or High School Team Name

Head Coach's Name

Head Coach's Daytime Telephone Number _____

Colorado Swimming ID #

On a separate piece of paper please respond to the following:

1. Reason for Requested Assistance

Please provide details regarding reason for requested assistance including a separate listing of expected expenses to include; registration fees, transportation fees, accommodation fees, uniform costs and food costs. Please include your reasons for wanting to attend this meet or training opportunity.

2. Swim Record

Please list all events you have already qualified for at this meet, followed by events you hope to qualify for prior to the entry deadline and/or your best times.

3. School Activities

Please provide us with your School Name, Principal or Counselor's Name and Telephone Number.

Please list all activities, clubs and sports you have participated in. In this area also include any clubs or organizations outside of your school activities.

4. Your Thoughts on Practice and Competition

Please provide a short essay/statement on your thoughts about practice and competition and what participating in swimming has done for you.

Authorization

I hereby authorize the Daniel J. Lunger Memorial Fund assistance selection committee to request and obtain any further information it deems necessary. I understand the assistance awarded varies annually depending on the funds available. If selected the funds will be paid directly to my home team. If I do not attend the meet or training session as intended, all monies must be returned to the Daniel J. Lunger Memorial Fund.

All information and statements on this form are true and correct.

Signature of Applicant

Date

I have read this application and it has my approval

Signature of father/guardian

Date

Signature of mother/guardian

Date

**Address completed application to:
Daniel J. Lunger Memorial Fund; 771 Carr Street, Lakewood CO 80214.**

Full Name

Home Address

City _____ State _____ Zip _____

Home Telephone Number (_____) _____

Name of Parent or Guardian

Troop or Crew # _____ District _____

Scoutmaster's Name

Scoutmaster's Daytime Telephone Number (_____) _____

Current Rank _____ Board of Review Date _____

On a separate piece of paper please respond to the following:

1. Reason for Requested Assistance

Please provide details regarding reason for requested assistance including a separate listing of expected expenses to include; camp fee, transportation fees, new equipment costs, uniform costs and food costs not included in camp fee. Please include your reasons for wanting to attend this high adventure experience.

2. Scouting Record

Please list all positions held and special awards received in scouting.

3. School Activities

Please provide us with your School Name, Principal or Counselor's Name and Telephone Number.

Please list all activities, clubs and sports you have participated in. In this area also include any clubs or organizations outside of your school and scouting activities.

4. Your Service to Community

Please provide information on service that you have provided to your community.

5. Your thoughts on being outdoors, camping, hiking, backpacking etc.

Please provide a short statement on your thoughts about being outdoors and participating in activities that scouting has offered you.

Authorization

I hereby authorize the Daniel J. Lunger Memorial Fund assistance selection committee to request and obtain any further information it deems necessary. I understand the

assistance awarded varies annually depending on the funds available. If selected the funds will be directly to my home Troop or Crew on my behalf. If I do not attend the High Adventure base or Jamboree as intended, all monies must be returned to the Daniel J. Lunger Memorial Fund.

All information and statements on this form are true and correct.

Signature of Applicant

Date

I have read this application and it has my approval

Signature of father/guardian

Date

Signature of mother/guardian

Date

**Address completed application to:
Daniel J. Lunger Memorial Fund; 771 Carr Street, Lakewood CO 80214.**