



Please Mail Application to:  
Maria Wedel (Founding Chair)  
2505 Christian PKWY  
Chaska, MN 55318

## Open the Door Athletics

### Athlete Assistance Application

#### **Applicant Information:**

Athlete Full Name:

Date of Birth:

Age:

Grade (7-12):

School Name:

City/State:

#### **Parent / Guardian Information:**

Name:

Relationship:

Phone:

Email:

#### **Athletic Participation:**

Sport(s):

Current Team(s):

Level of Participation:

Athletic Goals:

#### **Academic Information:**

Current GPA:

Exception Requested (if applicable):

#### **Financial Need Information:**

Household Size:

Estimated Annual Household Income:

#### **Personal Statement (*How this opportunity would impact my athletic goals*):**

(250-500 words)

#### **Coach Recommendation:**

Coach Name:

Organization:

Contact Information:



**Required Documentation Checklist:**

- Most recent report card or transcript
- Proof of household income (tax return, W-2, or school lunch eligibility)
- Proof of residency
- Coach recommendation
- Athlete personal statement

**Certification & Signatures:**

Athlete Signature:

Parent/Guardian Signature: