

# The Journey Fund



4386 King Valley Dr.  
Smyrna, GA 30082  
770 842-2631

[www.TheJourneyFund.com](http://www.TheJourneyFund.com)

## Application for Assistance

PLEASE FILL APPLICATION OUT COMPLETELY

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ M or F

Martial Arts School \_\_\_\_\_

Instructor \_\_\_\_\_

Rank of Student \_\_\_\_\_

*This application **must be complete** with the following information and turned in 60 days prior to event in order to be considered for assistance.*

**Financial Info:** please attach proof of income in the form of one of the following:

- tax return
- paycheck stub
- verification of income from employer

**Essay explaining the reason you feel deserving of this assistance.**

- minimum 350 words
- include Martial Arts personal history

**Letters of Recommendation:**

- Martial Arts Instructor
- Character Reference from non family member

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Guardian or Parent: \_\_\_\_\_