



Olympians & Paralympians Relief Fund

Olympian/Paralympian Endorser Statement in Support of:

OPRF Grant Applicant (Please print): _____

Olympian/Paralympian Endorser Information:

Endorser's Name:

Address:

Address:

Mobile Phone:

Address 2:

E-Mail:

City, ST, ZIP:

Olympic/Para year(s)/Sport(s):

I, _____, attest to the veracity of the statements made on this Olympian/Paralympian OPRF Grant Application.

Describe your relationship and knowledge of the applicant's situation:

Additional supporting documents are attached (circle one): yes /no

Endorser signature: _____ Today's date: _____

Please mail, email an executed copy of this page to:

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