



## Helping Greats Get Back In The Game.

**Nebraska Greats Foundation Mission: To provide medical and emergency assistance to former athletes, both men and women, who lettered in their respective sports at universities or colleges in the State of Nebraska.**

### Instructions for filling out application:

Download application and fill out completely

If you are filling this application in for someone, make sure the applicant signs it and you put your contact information on back of last page. Please print name, address and contact phone number.

Make sure you save a completed copy for yourself.

Any documentation you provide will not be returned so make sure you send COPIES of documentation.

Please mail completed application to:

**Nebraska Greats Foundation  
Attn: Sandy Zoroya  
5010 Underwood Ave  
Omaha, NE 68132**

If you have questions, please feel free to call or email:

Sandy Zoroya  
Administrative Director  
szoroya54@hotmail.com  
(702) 321-9136

## Application for Medical Related Grant

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

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**Please Print**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

What college/university did you attend in the State of Nebraska  
\_\_\_\_\_

Years played at school: \_\_\_\_\_ Lettered in what sport(s): \_\_\_\_\_

Did you graduate? \_\_\_yes, \_\_\_no

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Did you play in professional sports organization, i.e., NFL, NBA, MLB? \_\_\_\_\_yes \_\_\_\_\_no

If yes, what sport, team(s) did you play for and what year(s)? \_\_\_\_\_

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Are you eligible for any professional or league benefits? \_\_\_yes, \_\_\_no

Do you have a pending application with any professional organizations? \_\_\_yes, \_\_\_no

If yes, explain situation for application:  
\_\_\_\_\_

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Do you have sports related injuries? \_\_\_\_\_yes, \_\_\_\_\_no Do you have debilitating illness? \_\_\_\_\_yes, \_\_\_\_\_no  
If yes, explain current condition and if injured, how injuries incurred? (Attach additional sheet if needed)

If yes, are injuries permanent? \_\_\_\_\_yes, \_\_\_\_\_no Are you disabled: \_\_\_\_\_yes, \_\_\_\_\_no  
If yes, please explain:

## Needs Information

Please specify what assistance you are requesting from the Nebraska Greats Foundation:

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Please describe your current financial need for medical assistance:

All monies granted will be paid directly to medical providers, hospitals, doctors, pharmacy, etc.

Please list individually and the amount owed for each.

You will be asked to provide invoices.

(Attach additional sheet if needed)

## Needs Information

Are you currently under a doctor's care? \_\_\_\_\_yes, \_\_\_\_\_no

Name of Physician: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

If Yes, what are you currently getting treated for, please  
specifically describe your treatment:

(Attach additional sheet if needed)

Please attach a note from your attending physician detailing  
your medical condition.

Will you give your permission for the NGF to contact your doctor?

\_\_\_yes, \_\_\_no

If yes, please contact your doctor and give your permission for the NGF  
to talk to them on your behalf.

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Are you currently enrolled with one of the following: \_\_\_\_\_Medicaid \_\_\_\_\_Medicare

Do you currently have medical (individual or group) or supplemental health insurance?\_

\_\_\_yes, \_\_\_no

Insurance Carrier: \_\_\_\_\_

If Group Health, through what employer: \_\_\_\_\_

Insurance provided through what date: \_\_\_\_\_

Have you applied for any disability benefits state or private? \_\_\_yes, \_\_\_no



## Helping Greats Get Back In The Game.

### INCOME & ASSETS

Currently employed? \_\_\_\_\_yes \_\_\_\_\_no

If yes, Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Phone of employer: \_\_\_\_\_

Email of employer: \_\_\_\_\_

What is your annual salary? \_\_\_\_\_

Are you paid weekly, bi-weekly, monthly? \_\_\_\_\_yes, \_\_\_\_\_no

What is your take home pay? \_\_\_\_\_

Is your spouse/partner/significant other employed? \_\_\_\_\_yes \_\_\_\_\_no

If yes, annual salary: \_\_\_\_\_

Does your spouse/partner/significant other contribute towards your expenses? \_\_\_yes, \_\_\_no

Do you receive a pension from any company? \_\_\_\_\_yes, \_\_\_\_\_no

If yes, from what company or organization and list annual benefit(s): \_\_\_\_\_

## INCOME & ASSETS

Do you receive Social Security benefits? \_\_\_yes, \_\_\_no

If yes, how much money do you receive monthly from Social Security? \_\_\_\_\_

Does your spouse/partner/significant other receive Social Security? \_\_\_yes, \_\_\_no

What other monthly benefits do you receive: Pension(s) 401K, annuity, Insurance benefits, Policy proceeds, etc. annually:

Please list individually and the annual benefit from each:

- 1.
- 2.
- 3.

Is there a loan against any of these funds? \_\_\_yes, \_\_\_no

If so, which one(s) and for how much? \_\_\_\_\_

Do you currently have or did you have a go fund me page? \_\_\_yes, \_\_\_no

If yes, how much money is in the fund? \_\_\_\_\_

Do you have any funds left at this time? \_\_\_yes, \_\_\_no

## INCOME & ASSETS

Do you own your own home? \_\_\_yes, \_\_\_no

Approximate House Value: \_\_\_\_\_

What is your current mortgage balance? \_\_\_\_\_

Do you rent? \_\_\_yes, \_\_\_no

What is your monthly rent payment? \_\_\_\_\_

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Retirement Funds Value if any: \_\_\_\_\_

Investment Funds Value if any: \_\_\_\_\_

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### Checking

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Phone number of Bank: \_\_\_\_\_

Email of Bank: \_\_\_\_\_

Balance: \_\_\_\_\_

### Savings:

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Phone number of Bank: \_\_\_\_\_

Email of Bank: \_\_\_\_\_

Balance: \_\_\_\_\_

Other: (Please list other items of value) (Attach additional sheet if needed)

## Outstanding Debts

List any outstanding debt such as auto, boat, 2<sup>nd</sup> mortgage, credit card debt, personal loans, college debt etc.

## Medical

### Medical Bills and Medications:

Please list separately, all current medical debt and the amount owed:  
(Attach additional sheet if needed)

Other bills:

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List any other Sources of Support you receive:

Organization Name: \_\_\_\_\_

Contact Person \_\_\_\_\_

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

(Attach additional sheet if needed)





## Helping Greats Get Back In The Game.

I certify that the information I have provided to Nebraska Greats Foundation 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 Nebraska Greats Foundation may seek additional pertinent verification of the information provided on this application and I expressly consent to such inquiries.

Applicant's Name: (Please print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

Date application Signed: \_\_\_\_\_

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Witness Name: (Please print): \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Witness Phone Number: \_\_\_\_\_

Witness Email address: \_\_\_\_\_

Date application Signed: \_\_\_\_\_

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

- 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 mail applications to:  
Nebraska Greats Foundation  
Attention: Sandy Zoroya  
5010 Underwood Ave  
Omaha, NE 68132  
Phone: (702) 321-9136

Please see next page for Optional Information Release Form

## 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. This is a voluntary form we use to help assist you by providing your information to others who may be able to provide support to you and raise the funds needed to help other former, fellow Nebraska athletes.

Date: \_\_\_\_\_ Player Name: \_\_\_\_\_

Thank you so much for contacting Nebraska Greats Foundation. We are here to take care of the Nebraska family. One of the ways we can help all players and their families who contact us is to get the word out about the medical situations among our former Nebraska athletes.

We are asking for your permission to 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 current injuries. We will NOT disclose financial or medical information from doctors, hospitals, etc., unless you specifically authorize below.

An example of what a release would sound like would be “John Doe, former athlete at the University of Nebraska., has lingering health issues. Because this issue is difficult, he has medical bills that exceed his income and family assets. “

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.

**Initial in appropriate columns to indicate authorization for release of the following information:**

| Item                           | Release to Donors | Release to Media or Public |
|--------------------------------|-------------------|----------------------------|
| Injuries/illness               |                   |                            |
| Use of Name                    |                   |                            |
| Release of Medical Information |                   |                            |
| Photos (from playing days)     |                   |                            |
| Thank you notes                |                   |                            |

By signing below, you grant the Nebraska Greats Foundation, the authority to publish relevant information we receive from you in order to raise funds for your fellow former Nebraska athletes. You MAY revoke this consent at any time by writing to us.

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Signature

Date