



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
szoroya@negreats.org
(702) 321-9136**

Application for Medical Related Grant

Date: _____

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

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)? _____

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:

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:

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.

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



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? _____

Retirement Funds Value if any: _____

Investment Funds Value if any: _____

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, 2nd 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:

List any other Sources of Support you receive:

Organization Name: _____

Contact Person _____

Phone: _____

(Attach additional sheet if needed)



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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: _____

Witness Name: (Please print): _____

Witness Signature: _____

Witness Phone Number: _____

Witness Email address: _____

Date application Signed: _____

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

If you have questions please email: szoroya@negreats.org

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.

Signature

Date