

**NFLPA Response to
Questions of October 12, 2007**

EXHIBIT

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For questions about completing this form, call Tammy Owens at (330) 456-8207 x123

PRO FOOTBALL HALL OF FAME ENSHRINEES ASSISTANCE FUND
GRANT APPLICATION
(CONFIDENTIAL)

Name of Applicant _____ Date _____

Current Address _____

City/State/Zip _____

Telephone () _____

1. DESCRIPTION OF SERIOUS NEED:

2. AMOUNT REQUESTED: \$ _____

Please check here if funds are urgently needed sooner than 30 days from application date above

3. DESCRIPTION OF EACH ITEM OF EXPENSE OR DEBT TO BE PAID, AMOUNT AND PAYEE

Item 1 _____
Amount Due \$ _____

Payee (name/address/phone) _____

Item 2 _____
Amount Due \$ _____

Payee (name/address/phone) _____

Item 3 _____
Amount Due \$ _____

Payee (name/address/phone) _____

(Use reverse side of application form if additional space is needed.)

4. CURRENT EMPLOYMENT INFORMATION

Current Employer _____ Salary _____
 Employer Address _____
 City/State/Zip _____
 Supervisor Name _____ Phone () _____

5. FINANCIAL DOCUMENTS

Please provide the following documents:

- Federal tax returns for applicant for past two years
- Any other documents you believe would be helpful in evaluating your grant application such as reference letters, legal notices, etc.

Describe any other charitable gifts or grants you have received in the past three years or for which you are currently applying _____

6. CERTIFICATION

I certify that the information provided for this grant application is true and correct.

 Signature Date



