

Professional Caddies Assistance Foundation Distribution Request

PLEASE PRINT

Name _____ Social Security # _____
(Last) (First) (MI)

Address _____ Phone # _____
(Street)

_____ (City) (State) (Zip)

PROFESSIONAL CADDIES ASSISTANCE FOUNDATION INFORMATION

ELIGIBILITY

Grants from the Fund are restricted to eligible individuals with demonstrated financial hardship as a result of serious illness or injury. Distributions are limited to current or former professional caddies.

CRITERIA FOR EVALUATING GRANT APPLICATIONS

Grants are eligible to individuals who demonstrate severe financial hardship resulting from:

- Serious illness
- Destitution as a result of illness or injury
- A severe injury resulting in financial hardship

No payments may be made to the extent that the hardship may be relieved through insurance or other reimbursement or liquidation of the applicant's assets (to the extent such liquidation would not itself cause severe financial hardship) .

APPLICATION PROCESS

1. Complete the attached: Personal Eligibility Statement; Declaration of Net Worth; Personal Income Statement. Attach any other additional information you may deem pertinent.
2. Return this form, along with the above items to the PGA TOUR, Inc., 100 TPC Blvd., Ponte Vedra Bch. FL 32082, Attention: Jeanne Lightcap, SVP Finance
3. Once the application is complete, the distribution request will be presented for review to the Board of Directors of the Professional Caddies Assistance Foundation.
4. The applicant will be notified of the Trustees' decision and, if the application is approved by the Trustees, disbursement will be made as soon as administratively practicable.

PERSONAL INCOME STATEMENT

Please list the source and amount of any current or expected income:

<u>Source</u>	<u>Amount</u>	<u>Frequency (Monthly or Annually, etc.)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list your expected monthly expenses such as electric, rent or mortgage, telephone, etc:

<u>Source</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list semi-annual or annual expenses such as insurance and taxes:

<u>Source</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list any unusual expenses you expect to incur:

<u>Source</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

I acknowledge and agree that the information provided above will be utilized by the Professional Caddies Assistance Foundation in determining my eligibility for a distribution from the Professional Caddies Assistance Fund. By the execution of this Personal Income Statement, I hereby acknowledge that the information contained herein is factual and complete in all respects.

By: _____

Date: _____

DECLARATION OF NET WORTH

Please list the most current balance in all checking, savings, and investment accounts (include the date of the balance):

Please list any non-liquid assets. Include such items as real estate holdings or investments, boats, planes, businesses, etc.

Please list the most recent balance of any liabilities (note date), including but not limited to commercial loans such as auto loans, charge accounts, and mortgage/real estate loans.

Please list any other liabilities including loans from family or friends and unreimbursed medical expenses. In addition, please attach copies of support for these bills or loans.

I acknowledge and agree that the information provided above will be utilized by the Professional Caddies Assistance Foundation in determining my eligibility for a distribution from the Foundation. By the execution of this Declaration of Net Worth, I hereby acknowledge that the information contained herein is factual and complete in all respects.

By: _____

Date: _____