



ELIGIBILITY CRITERIA – Rev. 9-13-18

1. All Funding Application requests, if approved, shall be in the form of reimbursements.
2. Applicants must be between 13 and under 30 years of age, and be Hudson Judo Yudanshakai/USJF members in good standing for a minimum of one year prior to the application date.
3. Applicants must demonstrate support for Hudson events, particularly the Yonezuka Cup, Promotional tournaments and Kata Exams.
4. If over 18 years of age, a completed background check must be on file in the USJF National Office, and Social Security information must be provided in the application.
5. Funding requests are limited to three (3) per year, per athlete, and shall be filed no later than two (2) weeks after the event.
6. Eligible reimbursements include; travel, entry fees, lodging, reasonable and customary meals, etc.
7. Athletes that compete, and place in the approved competitions listed below, may be eligible for “medal funding”, once the results are posted, and provided there were a minimum of five (5), and three (3) competitors in senior and junior divisions respectively. Medal funding will be in lieu of eligible reimbursements listed under item no. 6 above.

Funding will be limited to the following approved competitions:

Approved Competitions			
Category	Regional	National	International
Max. annual allowance per athlete	\$400	\$1,000	\$750
Name of Competition	Jimmy Pedro's Judo Challenge	National Scholastics Championships	Summer Olympics
	Morris Cup	US Open Judo Championships	World Championships
	Liberty Bell Judo Classic	USJF Junior National Championships	Panamerican Open
	Ocean State International Judo Tournament	USA Judo Junior Olympic National Championships	Grand Prix

Note: The Funding Committee reserves the right to modify the maximum annual allowance per athlete, as well as any of the above stated criteria.

8. Reimbursement requests with receipts shall be mailed to:

Hudson Athletes Fund
 C/O Joaquin Gonzalez
 410 Maryland Avenue, Apt. 3B
 Staten Island, New York 10305

9. Questions regarding the above criteria should be directed to Joaquin Gonzalez by phone, 917-733-3369 or by e-mail at Joaquin.Gonzalez100@gmail.com



FUNDING APPLICATION

(Type or print clearly, include receipts, and proof of number of competitors, if applicable)

GENERAL INFORMATION

NAME:			
ADDRESS			
CITY:	STATE:	ZIP:	
SSN#:	HOME PHONE:	CELL PHONE:	
E-MAIL ADDRESS:			
JUDO CLUB:	INSTRUCTOR:	USJF #:	EXP. DATE:
NUMBER OF WORKOUTS YOU HAVE ATTENDED IN THE LAST 6 MONTHS?			
DO YOU HAVE A COMPLETED BACKGROUND CHECK ON FILE WITH THE USJF OFFICE?			
LENGTH OF TIME YOU HAVE BEEN A MEMBER OF HUDSON JUDO YUDANASHKAI:			

REIMBURSEMENT REQUEST

REASON FOR REQUEST (ATTACH SUPPORTING INFORMATION AS REQUIRED):	
PROVIDE DESCRIPTION AND AMOUNT OF EACH RECEIPT SUBMITTED:	
NAME OF COMPETITION:	
PLACEMENT:	
AMOUNT OF PLAYERS IN YOUR DIVISION:	DATE OF COMPETITION:
LOCATION OF THE COMPETITION:	

CAMP/CLINIC FUNDING REQUEST

NAME OF CAMP/CLINIC:
DATE OF CAMP:
CAMP DIRECTOR/CLINICIAN:
ORGANIZATION CONDUCTING THE CAMP:
ADDRESS:
NAME OF PERSON OR ORGANIZATION CHECK IS PAYABLE TO:
AMOUNT OF CAMP/CLINIC FEE:

Please check the appropriate box below.

I DO NOT wish my name (or child's name if under 18 years old) and reimbursement to be posted

I consent to have my name (or child's name if under 18 years old) to be posted

Print Name

Signature

Date

Note: Incomplete applications may disqualify the applicant from consideration.