




SPONSORSHIP PROGRAM APPLICATION





OUR MISSION

The **Grapple; 4 Life Foundation (G4L)** is focused on improving lives and bringing hope to those affected by suicide. G4L utilizes the amazing culture and mental/physical health benefits of Jiu Jitsu/Grappling to create a support structure for those struggling and to assist those that have suffered a loss by suicide by engaging in the following core principles:

-  Sponsoring youths and adults that have a higher risk factor for suicide (Depression, foster care, personal loss by suicide, etc.) and getting them training at an academy approved by Grapple; 4 Life.
-  Providing educational material about mental health, suicide prevention, and suicide loss.
-  Advocating with the American Foundation for Suicide Prevention (AFSP) for public policies in mental health and suicide prevention.

Email:

grapple4life@gmail.com

Phone:

253-370-7200

Address:





61 Ran Rue Dr. Martinsburg, WV, 25403

Tax ID:

93-2645528



ELIGIBILITY REQUIREMENTS

-  Scholarships available for youths, teens, and adults who have never trained in Jiu Jitsu.
-  Adult candidates and parents/guardians of minors must be able to provide documentation of higher causality risk factors for suicide (depression, active/recent safety plan, recent attempt, prior trauma(s), family history, etc).
-  Adult candidates and parents/guardians of minor's commitment to train a minimum of 2 times a week for a minimum of 3 months.
-  Other eligibility requirements may be required on a case-by-case basis for unique or complex circumstances.

PROGRAM DETAILS

-  3-to-12-month scholarship to train at an approved Grapple; 4 Life academy. Length of sponsorship will be on a case-by-case basis.
-  If available or eligible, private lesson plans.
-  Regular follow ups by Grapple; 4 Life board members/volunteers.
-  Access to resources, in-person, or virtual trainings, and/or in-person or virtual loss and healing programs.
-  Grapple; 4 Life patches, stickers, and/or other items.



SPONSORSHIP APPLICATION

Name: _____ Date: _____

Email: _____ Phone: _____

Full Address: _____

Social Media Handles: _____

Do You Have a Higher Risk For Suicide?: _____

If Yes, Please Explain: _____

Can You Provide Documentation From a Professional Medical/ Mental Health Provider
Supporting Your Risk Factor(s)?: _____

If No, Please Explain: _____

Have You Been Convicted of a Crime?: _____

If Yes, Please Detail The Circumstances: _____

How Did You Hear About This Program?: _____

Additional Information/Considerations You Would Like Us To Consider?: _____



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