



## MOBSTERS ON THE MOVE SCHOLARSHIP

The Matteo's Mob Foundation is not only committed to raising money for Cystic Fibrosis research, but also keeping those living with CF active, so they can live their best life. Matteo Grassi is an 18 year old baseball player, who also happens to have CF. Baseball has become an important part of Matteo's fight against CF. Now, he wants to help other people with Cystic Fibrosis to get up and get active! If you would like to participate in a sport or an activity, we would like to help by paying up to \$500 of the cost (this includes fees, tuition, equipment, etc).

Please follow these steps:

- 1) Print this application
- 2) Take the form to your CF clinic and obtain your doctor's approval
- 3) Return the application to [matteosmobcurecf@gmail.com](mailto:matteosmobcurecf@gmail.com)  
(Please direct any questions to the email above)
- 4) Get up and stay active!

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Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

CF Care Center \_\_\_\_\_

CF Physician \_\_\_\_\_

How can Matteo's Mob help you in staying active? \_\_\_\_\_

\_\_\_\_\_

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Expenses you would like paid for with this scholarship. Please list. (Up to \$500)

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Matteo's Mob will promote the scholarship program by using the recipients first name and image unless specifically instructed not to do so. Please indicate your acceptance or refusal: Yes \_\_\_\_\_ No \_\_\_\_\_

Participants, and the parents or legal guardian, understand that involvement in any activity that the Matteo's Mob Foundation provides funds or assistance to may entail risk of injury or harm to the participants and agree that this risk is fully assumed by the participants. In addition, Participants, parents and legal guardians hereby release, agree to hold harmless and forever discharge the Matteo's Mob Foundation, its affiliated entities, and all of their respective stockholders, directors, members, managers, employees and agents from and against any and all liability, damages and claims of any kind, known and unknown, which may be connected with, result from, or arise out of the participation in the stated activity. This includes, but is not limited to, claims involving economic loss, illness or medical condition, accidental injury or death.

By signing this I agree that I am participating in an activity of my own will and under the guidance of my physician. I understand that I am responsible for medical coverage for me and/or my child.

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Patient/Guardian Signature

Date

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CF Physician Signature

Date