

# Drivers 4 Hope

## Child Application to a Motorsports Journey

Thank you for your interest in **Drivers 4 Hope**. Our mission is to support children facing medical or life-altering hardships by providing meaningful motorsports experiences.

Please review the eligibility requirements below and complete this application fully for consideration.

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## Eligibility Requirements

The child applicant must meet **all** of the following:

- **Be 7–17 years old**  
*(Younger children may be considered on a case-by-case basis following application review.)*
- **Be a legal U.S. citizen**
- **Have a parent or legal guardian available to travel** with the child to motorsports events
- **Have a genuine passion for motorsports** and interest in experiencing a real race car

The child must also meet **at least one** of the following **status criteria**:

### 1. Medical / Hardship Status

A past or current diagnosis of a potentially life-threatening or terminal illness.

We define this as:

*Any progressive, degenerative, or malignant disease or condition that requires treatment before the age of 18 in an effort to interrupt or slow a condition that may significantly shorten life expectancy.*

### 2. Life-Altering Hardship

A significant hardship that disrupts the child's normal way of life, such as:

- A lifelong or life-altering medical condition
- Loss of Parent or Parents in Line of Duty. This applies to Military, Law Enforcement, Fire Fighter, EMS

- Other major circumstances that create long-term challenges may be excepted.
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## Child Applicant Information

Full Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female

Last 4 Digits of Social Security Number: \_\_\_\_\_

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## Parent / Legal Guardian Information

### Primary Parent or Legal Guardian

Full Legal Name: \_\_\_\_\_

Relationship to Child:  Mother  Father  Both  Other: \_\_\_\_\_

*(Documentation may be required if not a parent)*

Mailing Address: \_\_\_\_\_

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

Phone Number: (\_\_\_\_) - \_\_\_\_\_

Cell  Home  Office

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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### Secondary Parent or Legal Guardian (if applicable)

Full Legal Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Mailing Address:  Same as above

Different: \_\_\_\_\_

Phone Number: ( ) - \_\_\_\_\_

Cell  Home  Office

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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## Medical / Hardship Information

Medical Diagnosis (if applicable):

\_\_\_\_\_

Approximate Date of Diagnosis: \_\_\_\_\_

Description of Child's Hardship or Life-Changing Situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Additional Information

Status Category:  Medical  Hardship

Is the child able to travel within the next 1–12 months?

Yes  No

If no, when do you anticipate the child may be ready to travel?

\_\_\_\_\_

Can the child wear a racing helmet?  Yes  No

If selected, are you willing to:

- Sign a **Release of Medical Information**?  Yes  No
  - Sign a **Waiver of Liability**?  Yes
  - Participate in a **phone or video interview (Teams, Zoom, etc.)**?  Yes  No
  - Provide additional information regarding the child's physical capabilities?  Yes  No
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## Motorsports Experience & Interest

How did you learn about Drivers 4 Hope? \_\_\_\_\_

Does the Applicant have any prior Motorsports Experience?  Yes  No

Does the Applicant want to feel what its like to be a race car driver?  Yes  No

Is the Applicant sensitive to loud noises?  Yes  No

Is the Applicant capable of riding in a racecar?  Yes  No

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Has the child ever been in a race car or attended a professional race?

Yes  No

If yes, please explain:

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Approximate Date: \_\_\_\_\_

Has the child ever used a racing simulator?

Yes  No

On a scale of 1–10, how excited is the child about riding in a real race car (in a race suit and helmet)?

1  2  3  4  5  6  7  8  9  10

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## Motorsports Dream Experience

Drivers 4 Hope primarily fulfills racing dreams in **Nevada** through **Dream Racing**, located at **Las Vegas Motor Speedway**. This program offers a safe, professional experience that places the child as close to the driver's seat as possible.

If selected, **all expenses for the child and one legal guardian are fully covered by Drivers 4 Hope**.

We may also offer other opportunities that do not involve Dream Racing, including attending professional motorsports events such as:

- **IMSA**
- **NASCAR**

- INDYCAR
- Formula 1 (U.S. events)

In your own words, please describe the child's preferred motorsports dream experience:

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## Submission & Contact Information

Completed applications may be submitted via **email or mail**.

**Drivers 4 Hope**

Boise, Idaho

[contact@drivers4hope.org](mailto:contact@drivers4hope.org)

<https://drivers4hope.org/>

*"Be joyful in hope, patient in affliction, faithful in prayer."*

**Romans 12:12**