

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.

Eligibility Requirements

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

- Be **6–16 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
- Can handle loud noise.
- Does not experience motion sickness easily.

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: _____

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: _____

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: _____

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

Motorsports Experience & Interest

How did you learn about Drivers 4 Hope? _____

Does the Applicant have any prior Motorsports Experience? Yes No

Is the Applicant interested in attending real races/requires a lot of walking? 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

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

Yes No

If yes, please explain:

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

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:

Submission & Contact Information

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

Drivers 4 Hope

Boise, Idaho

contact@drivers4hope.org

<https://drivers4hope.org/>

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

Romans 12:12