

## **INSTRUCTIONS FOR APPLICATION FOR BOXERS FUND**

The Boxers Fund awards funds for the benefit of current or former professional fighters for funeral expenses or financial assistance for those injured while participating in an unarmed combat event.

Deceased unarmed combatants may apply for funeral expense reimbursement through an authorized representative.

Injured unarmed combatants may apply for financial assistance, including housing expense, medical expense, and other approved expenses upon a showing of hardship.

All applicants must complete the attached application form and submit required documentation.

For funeral expense reimbursement, applicants must submit proof of: participation in unarmed combatant event(s); date of death; funeral expense; and representative's relationship to deceased.

For financial assistance, injured unarmed combatants must submit proof of: participation in unarmed combatant event(s); resulting physical, psychological, or neurological injury; residency for prior three (3) years; current financial hardship; and expenses for which assistance is sought.

Applicants may need to submit additional documentation if requested.

**Please submit signed application and accompanying documents to:**  
[boxersfund@mass.gov](mailto:boxersfund@mass.gov)

**If you have questions pertaining to eligibility of the Boxers Fund, please send all inquiries to:** [boxersfund@mass.gov](mailto:boxersfund@mass.gov)



# THE COMMONWEALTH OF MASSACHUSETTS

DIVISION OF PROFESSIONAL LICENSURE

STATE ATHLETIC COMMISSION

1000 WASHINGTON STREET, SUITE 710

BOSTON, MA 02118

## Application for Boxers Fund Assistance

All Professional Un-armed Combatants may be eligible  
(Boxing, Mixed Martial Arts, Muay Thai)

To be considered an eligible beneficiary, you must demonstrate the following:

Completed Application form

Federal ID Number

Copy of a Government Issued Photo Identification (e.g. Driver's License/Passport) and other documentation (lease agreement, utility bills) showing residency for the past three (3) years

The Applicant must have competed in an event within the Commonwealth, under a license issued by the State Athletic Commission, in accordance with MGL 147 § 35

The Applicant must be a resident for at least (3) three years prior to making an application for assistance from the fund and the applicant must have sustained an injury (or in the case application is mad for funeral expenses, that the subject individual is deceased): and

The Applicant must have suffered a financial hardship due to injury identified in 523 CMR 2.02

The Applicant must not have been awarded monies from the Fund within the previous (6) six months

Written documentation demonstrating that you have suffered an injury (e.g.-medical records or letter from a licensed treating physician), or that application is being made on behalf of a deceased individual for payments of funeral expenses.

Proof of Financial Hardship may be demonstrated by submitting such documents as bank statements, bills, medical records, letters, and tax returns, as well as by oral testimony of the applicant or witness.

**Please submit your application and accompanying documentation to:**

**[boxersfund@mass.gov](mailto:boxersfund@mass.gov)**

**APPLICANT INFORMATION**

NAME \_\_\_\_\_  
                                First                                Middle Initial                                Last

ADDRESS \_\_\_\_\_  
                                Street  City                                State                Zip

DAYTIME TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

**FOREIGN NATIONALS ONLY:** PASSPORT # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ NUMBER OF YEARS OF MASSACHUSETTS RESIDENCY \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_  
                                Street  City                                State                Zip

FEDERAL IDENTIFICATION NUMBER \_\_\_\_\_ ISSUING COMMISSION \_\_\_\_\_

NUMBER OF PROFESSIONAL MATCHES IN MASSACHUSETTS \_\_\_\_\_

YEARS OF THOSE MATCHES \_\_\_\_\_

AMOUNT OF ASSISTANCE FROM THE FUND REQUESTED \$ \_\_\_\_\_

REASONS THAT ASSISTANCE FROM THE FUND IS REQUESTED  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU PREVIOUSLY SOUGHT ASSISTANCE FROM THE BOXERS FUND? Y/ N (CIRCLE)

IF SO, PLEASE PROVIDE DETAILS  
\_\_\_\_\_  
\_\_\_\_\_

The application hereby swears and affirms the following are true:  
  
that all of the facts set forth above by the applicant are true and complete, and  
any documents or copies of documents submitted with this application are true and complete and  
that the applicant is in need of assistance due to injury, illness, disability or economic distress, and  
that the applicant has competed in professional boxing match(es ) in Massachusetts under a license issued by  
the State boxing Commission, and  
the applicant has been a bona fide resident of Massachusetts for not less than three years prior to this  
application, and

The applicant is financially unable to pay for all his medical, surgical, hospital, general support and related needs.

SIGNED UNDER THE PENALTIES OF PERJURY

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