



**Helping The Kids Play  
Scholarship Application**

The scholarship program is designed to provide financial assistance to participants in Kids America activities who qualify based on their household income level. A separate scholarship application must be submitted for each program and individual. Applications should be submitted as early as possible before programming begins. A limited number of scholarships are available on an annual basis.

Accepted scholarship applicants are expected to pay a minimum of \$10 or 25% (whichever is greater) toward the total fee of the selected activity. Kids America and the Scholarship Committee reserve the right to limit the amount of financial aid awarded to an individual (\$75) during a one year period. The fiscal year for the scholarship program shall be January 1 – December 31.

Each application must be accompanied by the following attachments:

- \* Copy of the most recent federal tax return or other documentation of income
- \* Completed registration form for selected activity

Name \_\_\_\_\_ Date \_\_\_\_\_ Selected Activity \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address (If Different than Applicant) \_\_\_\_\_

Number of Household Members UNDER 21 \_\_\_\_\_ Number of Household Members OVER 21 \_\_\_\_\_

Income (Please list the total income received by all household members)

Name	Type of Income	Amount Received Monthly
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Purpose (Please give a brief statement of reasons for applying for assistance)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, the undersigned, understand all information given will be kept confidential, and that the information requested on this application is accurate and true to the best of my knowledge.

\_\_\_\_\_

Parent/Guardian Signature      Date

\_\_\_\_\_

Kids America Approval      Date