



THE HSC HEALTH CARE SYSTEM

**The HSC Foundation**



**LIFE ENRICHMENT AWARDS PROGRAM (LEAP)  
APPLICATION**

**(APPLICANT) INFORMATION**

Applicant's Full Name	Date
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
Street Address	
City, State, ZipCode	
Educational Status (List Current school if applicable):	
Disability category (Select one according to HSC Criteria <sup>♦</sup> )	

**AWARD REQUEST**

Amount of award request: \$

Purpose: Please provide specific information that supports and documents the purpose or need for this award as it relates to physical fitness, transition planning and implementation activities (attach additional sheet(s) if necessary:

**CONTACT INFORMATION**

Name of person making request:

Relation to applicant:

Telephone number (including area code):

Email address:

**Send completed application:**

Kids Feeling Fit Foundation  
11140 Rockville Pike  
Suite 100, No. 163  
Rockville, MD 20852  
240-430-0834  
[www.kidsfeelingfit.org](http://www.kidsfeelingfit.org)

<sup>♦</sup>See enclosed Eligibility requirements.