



Building Self-Confidence Through Fitness

RECOMMENDATION LETTER FORM

This Recommendation should be completed by someone who knows the child well (e.g., teacher, guidance counselor, clergy, or health care professional.)

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Child/Applicant Name: _____

What is your relationship to the child (applicant)? _____

How long have you known this child (applicant)? _____

How will the child (applicant) benefit from a KFFF scholarship? (Please attach additional sheets if needed.)

Kids Feeling Fit Foundation
11140 Rockville Pike, Suite 100, #163
Rockville, MD 20852
301-430-0834
www.kidsfeelingfit.org
kidsfeelingfit@gmail.com

Send completed form to:

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