



*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.)

Send completed form to:

Kids Feeling Fit Foundation  
11140 Rockville Pike, Suite 100, No. 163  
Rockville, MD 20852  
301-430-0834  
[www.kidsfeelingfit.org](http://www.kidsfeelingfit.org)