



Scholarship Application

Building Self-Confidence Through Fitness

**SCHOLARSHIP APPLICATION SHOULD BE COMPLETED BY PARENTS/GUARDIAN.
PLEASE PRINT CLEARLY.**

All information provided on this application will be kept strictly confidential.

CHILD'S (APPLICANT) INFORMATION

Child's Name	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date
Date of Birth	Height	Weight
County of Residence		
Home Address		Home Phone
Current School/Address		Grade level

PARENT/GUARDIAN INFORMATION

Mother Name	Work Phone
Employer	Cell Phone
Father Name	Work Phone
Employer	Cell Phone

QUESTIONNAIRE

What are your child's Special Needs?
Please list child's primary diagnosis:
<i>Please attach any additional documentation that you feel will explain your child's diagnosis. (Optional)</i>

Are you currently receiving any other scholarships or financial assistance for therapy from any other organizations?
 Yes No If Yes, please list:

Has your child been diagnosed with a condition related to need?

How many persons are living in your household?

What is your annual household income?
(KFFF follows HUD Low Income yearly income standards for the Washington, DC Metropolitan area. See Scholarship Guidelines, Criteria, and Program Description)

How do you plan to transport your child to their sessions?

Please describe briefly how this scholarship will help your child (applicant) and the goals/objectives you hope to accomplish:

I declare that all the above information in this application is accurate and complete to the best of my knowledge and belief.

Signature	Date
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Relationship to Applicant

Send completed application:
Kids Feeling Fit Foundation
11140 Rockville Pike,
Suite 100, #163
Rockville, MD 20852
240-430-0834
kidsfeelingfit@gmail.com

www.kidsfeelingfit.org

For Office Use Only Date Application Received:
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