



# EMPACT ONE

F O U N D A T I O N

Applications may be mailed to or dropped off at:  
The EMPact One Foundation  
Attn: Bekka Wilkerson  
3524 Alcoa Road  
Benton, AR 72015

Scan For Online Application:





**EMpactONE**  
FOUNDATION

## Tuition Assistance Program Application

Thank you for your interest in The EMpact One Foundation Tuition Assistance Program.

Established in 2021, this industry-leading program is designed to allow children to participate in recreational opportunities who couldn't otherwise do so. By partnering with families to provide partial program scholarships, EMpact can ensure more youth have access to physical, mental, and emotional benefits through athletic programs and other extra-curricular activities.

The Tuition Assistance Program is made possible by the generous donor support of The EMpact One Foundation.

Should you have any questions regarding the application please feel free to contact The EMpact One Foundation via email at [bekka@empactone.org](mailto:bekka@empactone.org).

Thank you,  
The EMpact One Foundation Tuition Assistance Committee  
Update 3.2023

**Parent/Guardian Name(s)**

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**Parent/Guardian Email**

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**Phone Number (Best Contact)**

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**Home Address**

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**Athlete Name**

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**Athlete Age**

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**List the Program/Class for Which You Are Applying**

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**List the Organization Name and Billing Contact**

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**Total Cost of Classes, Lessons, or Training**

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**Percentage of Tuition Assistance Requested (note: all tuition assistance is partial in partnership with the child's family/guardians)**

25%

50%

75%

Other (please explain): \_\_\_\_\_

**Have you ever participated in a similar Tuition Assistance Program?, If yes, where?**

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**Please Select Any Public Assistance Your Family or Child Receives**

- SNAP/EBT Benefits
- TEFRA
- TEA - Transitional Employment Assistance
- Other

**Please Attach the Following Documents to Complete Your Application:**

1. **Parent/Guardian Narrative** - written statement explaining the financial circumstances that have led you to requesting assistance and your commitment to your child and their program of choice.
2. **Athlete/Student Narrative** - in an age appropriate format please include the student's narrative about his/her commitment to the activity and what it means to him/her. For small children, pictures or drawings with parent narrative attached are also acceptable.
3. **Tax Forms** - please include a copy of your most recent, signed 1040 Tax Return with all W-2 forms. If self-employed please include your Schedule C. (please black out all Social Security Numbers). If you are applying on behalf of a foster youth please replace with Statement of Special Circumstances.
4. **Additional Income** - child support or any other source of income or benefit that is not listed on your tax return.

**Statement of Understanding**

I Understand The Following:

Tuition assistance is partial and availability/size of award may vary from program to program.

Continuation of scholarship funds is based on the student's attendance, engagement, dedication, and parental support.

My Tuition Assistance may be rescinded at any time for any reason including account delinquency, changes in circumstances, poor attendance, lack of parental support, etc.

All aspects of any Tuition Assistance received are 100% confidential and if I breach this agreement my Tuition Assistance may be rescinded immediately.

Tuition Assistance decisions take up to 6 weeks and I am responsible for keeping my account current while awaiting approval/denial.

I understand that Tuition Assistance is awarded for a defined period of time, typically one year or less. After my Tuition Assistance expires I am welcome to reapply.

- Yes
- No

I certify the information mentioned herein is true and correct to the best of my beliefs.

\_\_\_\_\_  
Applicant Parent/Guardian Signature

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Internal Use Only

Date Application Received By Staff: \_\_\_\_\_

Application Received By: \_\_\_\_\_

Date Application Sent To Committee: \_\_\_\_\_

Decision Made By Committee: \_\_\_\_\_

Date Decision Made By Committee: \_\_\_\_\_