



**ReDirect Youth Outreach & Boxing**  
Scholarship Application 2026

*Recipients will be notified within two weeks of application submission.*

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone #: ( \_\_\_\_ ) \_\_\_\_ -

\_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Household Income\*:**

- Under \$46,200
- \$46,201-\$51,950
- \$51,951-\$57,700
- \$57,701-\$62,350
- \$62,351-\$66,950
- \$66,951-\$71,550
- \$71,551-\$76,200

**PLEASE ATTACH A COPY OF ONE OF THE FOLLOWING FORMS OF PROOF OF INCOME FOR THIS APPLICATION:**

- 2025 Federal Income Tax Return; **OR**
- Paycheck stubs with year-to-date earnings; **OR**
- Unemployment Check with year-to-date earnings; **OR**
- State Assistance Check with year-to-date earnings.

Number of persons in household: \_\_\_\_\_

\* Please see the reverse side for eligibility requirements.

Do you qualify based on the income guidelines on the reverse:  Yes  No

***This scholarship covers part of the cost of participation in the program. You are responsible for paying \$20.00- \$40.00 per month per child based on scholarship approval amount. If not covered by this scholarship you are responsible for paying \$100.00 per month per child.***

I understand that my application cannot be processed until all the required areas are completed and the required proof of income is attached. I also understand that ReDirect Youth Outreach & Boxing will notify me regarding acceptance of my application. I understand there is a \$20.00-\$40.00 non-refundable co-pay that must be paid before my child can participate in the program unless an alternate payment arrangement has been made. I attest that the information on this form is accurate to the best of my ability and the attached proof of income represents the income from all members of my household.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Meets Income Guidelines:  Yes  No

Awarded:  Yes  No

Co-Pay Paid/Payment Plan Arranged:  Yes  No

Approved by: \_\_\_\_\_

### **Scholarship Income Eligibility Requirements**

1. Please find the number of people in your household.
2. If your combined household income is less than that listed next to the number of people in your household your income qualifies you for this scholarship.

Your income qualifies for this scholarship if:

You have the following number of people in your household:	And you make less than:
2	\$46,200
3	\$51,950
4	\$57,700
5	\$62,350
6	\$66,950
7	\$71,550
8	\$76,200