



Scholarship Application Form

The purpose of the KCSA scholarship program is to provide limited financial assistance in times of hardship.

Individual or Group Information:

Name: _____ Age: _____

Mailing Address: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Activity Information:

Name of Organization: _____

Activity you will be participating in: _____

Primary Contact Name: _____ Phone: _____

Email: _____

Mailing Address (If approved check will be mailed here): _____

What is the total cost per month: _____ Per Session / Season: _____

Request amount: _____

Have you applied to the KCSA scholarship program in the past? Yes No If so, when? _____

How did you hear about us? _____

Please provide a brief explanation of your hardship and why you are applying for this scholarship: (Please use the back of the form if more room is needed)

Please state all fundraisers you have participated in to raise funds for this activity:

Please attach the KCSA Recommendation Form from two non-related adults that knows your family and that would support your request from KCSA.

** Please email all completed forms to kcsaboard@gmail.com or send by mail to:
KCSA Board / 6848 N. Government Way, Ste. 114 PMB # 46 / Dalton Gardens, ID 83815

NOTE: Scholarships will not be reviewed or considered until all requested information is received.

By signing this form, you agree to use the scholarship funds if awarded, for the needs you have stated above.

Signature: _____ Date: _____

Printed Name: _____

For KCSA use only: Approved Denied Date: _____ Check # _____



Scholarship Application Recommendation Form #1

Please complete this information for the youth requesting funds from the Scholarship Program. This form is to be completed by a non-related adult that is familiar with this individual and is knowledgeable regarding the need for funding to participate in a healthy activity, youth group or sport.

Required Information:

Date: _____

Youth's Name: _____ Age: _____

How do you know this person? _____

Name of Individual Recommending: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Please state the need and what your recommendation may be for this youth:

Signature

Printed Name

Thank you for your recommendation!

Please return this form to KCSA either by mail or email. All information submitted will remain confidential.

Email: kcsaboard@gmail.com

Mail: KCSA Board / 6848 N. Government Way, Ste. 114 PMB #46 / Dalton Gardens, ID 83815



Scholarship Application Recommendation Form #2

Please complete this information for the youth requesting funds from the Scholarship Program. This form is to be completed by a non-related adult that is familiar with this individual and is knowledgeable regarding the need for funding to participate in a healthy activity, youth group or sport.

Required Information:

Date: _____

Youth's Name: _____ Age: _____

How do you know this person? _____

Name of Individual Recommending: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Please state the need and what your recommendation may be for this youth:

Signature

Printed Name

Thank you for your recommendation!

Please return this form to KCSA either by mail or email. All information submitted will remain confidential.

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SCHOLARSHIP APPLICATION GUIDELINES AND INSTRUCTIONS

Kid Centric Sports Association seeks scholarship requests from individual youth that have a desire to participate in active and healthy sports, activities and/or youth groups but may have financial barriers to participation.

ELIGIBILITY

1. Funds must primarily benefit the youth of the Kootenai County.
2. Applicants must be a minor and/or be of an age that meets the requirements of the youth group or sports organization.
3. Applicants must submit the Scholarship Form and two Recommendation Forms from nonrelated adults in support of the youth's request.
4. Applicants may apply once per year and priority may be given to first time requests.

CRITERIA

1. Scholarship requests should improve and benefit the local youth and those activity/sports groups in the community and comply with the guidelines of the organization the youth is associated with.
2. If awarded, funds must be used only for purposes stated in the application.
3. Funds awarded will be mailed directly to the organization stated on the application.
4. All applications must be complete, as incomplete applications will not be considered.
5. Scholarships are not awarded for travel expenses.

REVIEW PROCESS

1. Committees comprised of members of the KCSA Governing Board and Scholarship/Grant Committee will review all completed applications.
2. The Board of Directors of Kid Centric Sports Association will make final funding decisions on all applications based on committee recommendations and available funds.
3. Notification of Board decisions will be made to applicants within 90 days of application or sooner as the award process is quarterly.
4. Request amount may be partially funded when the volume of requests requires such.

REPORTING REQUIREMENTS FOR ORGANIZATIONS

Organization scholarship recipients must submit a report to the KCSA Board by Dec. 31st of the year awarded.

The report must confirm the following items:

1. Students name who received funding, amount spent and the items/fees the funds were used for.
2. How the experience helped the youth in your organization.

ACKNOWLEDGEMENT

In all published material and announcements made by KCSA, the recipient may participate but that is not a requirement. If a recipient would like to acknowledge and recognize the financial support from Kid Centric Sports Association, they must have a written release to do so by their parent or guardian prior to any photo and news media.