Community Recommendation Form

Kincaid Legacy Foundation for Girls – Scholarship Eligibility

Instructions for Recommender:
You are being asked to complete this form on behalf of a family applying for a scholarship through the Kincaid Legacy Foundation for Girls. Your role is to provide an independent affirmation, based on your personal knowledge, that the family is experiencing genuine financial hardship that may limit their ability to afford extracurricular programs such as dance or gymnastics.

Please complete this form honestly. This recommendation will be reviewed confidentially by the Foundation and will not be shared with the family.

Please complete this form honestly and return it to the parent/guardian or submitted directly to:

📧 whitebluffballetandmore@protonmail.com

Note: This form is the only accepted format for community-based eligibility verification. Informal letters, emails, or statements will not be accepted as substitutes.

👨‍💼 Recommender Information

Name: _____

Relationship to Family (e.g., Pastor, Teacher, Coach): _____

Phone Number: _____

Email Address: _____

Organization/School/Church Name (if applicable): _____

How long have you known the family? _____

👨‍👩‍👧‍👦 Family Information

Parent/Guardian Name(s): _____

Child's Name (student applying): _____

✍️ Recommendation Statement

Please check one:

☐ **Based on my personal knowledge, I affirm that this family is experiencing genuine financial hardship that would make participation in extracurricular activities such as dance or gymnastics difficult without assistance.**

☐ **I do not have sufficient knowledge of the family's financial situation to make this affirmation.**

Optional (but helpful):
Please share any relevant context that may help the Foundation understand the family's situation. (Comments are confidential and will not be shared with the family.)

_____

_____

_____

_____

_____

_____

_____

⛔ Important Acknowledgment

By signing below, I affirm that the information provided is truthful to the best of my knowledge and offered in good faith for the purpose of scholarship consideration.

Signature: _____

Date: _____