Kincaid Legacy Foundation for Girls – Scholarship Application

Thank you for your interest in the Kincaid Legacy Foundation for Girls. Our mission is to provide scholarships for dance and gymnastics instruction that promotes excellence, character, modesty, and mentorship. Please complete the following application thoroughly. All information will be kept confidential.

📌 Student Information *(Please Print Legibly)*

Student Name: _____

Age: _____ **Date of Birth:** _____ **Current Grade:** _____

Parent/Guardian Name(s): _____

Phone Number: _____ **Email Address:** _____

Home Address: _____

Partner Studio Name (if already enrolled or applying to):_____

🎯 Scholarship Level Requested

Please indicate the level of assistance you are requesting (final awards are determined by the Foundation based on need and available funding):

☐ **Tier 1 – Full Scholarship**
(100% tuition plus attire and recital/performance allowance)

☐ **Tier 2 – Partial Scholarship**
(50% tuition)

Payment of Scholarship Funds
If awarded, scholarship funds are paid directly to the participating partner studio or program on behalf of the student. Funds are not distributed to families or individuals. Applicants must be

enrolled in or willing to enroll in an approved partner program. If your current program is not yet a partner, it may be considered for approval.

✅ Eligibility Verification

Please provide **one** of the following forms of verification:

Option 1: Public Assistance (check one)

- ☐ SNAP/EBT Card (photo or scan)
- ☐ WIC or Medicaid approval letter
- ☐ Free/Reduced Lunch approval letter
- ☐ Documentation of active foster placement

Option 2: Community Recommendation

☐ Signed recommendation from a pastor, teacher, coach, or counselor *(Only the Foundation's official recommendation form will be accepted.)*

Option 3: Personal Hardship Statement

☐ Brief written explanation of your family's current financial hardship. A follow-up phone call may be requested if additional clarification is needed.

💬 Student Interest *(Optional but Encouraged)*

If your child would like, they may write or dictate 1–2 sentences about why they enjoy dance or gymnastics and what this opportunity would mean to them.
(This section is not used to determine financial eligibility.)

_____

_____

_____

_____

📅 Scholarship Term

Scholarships are awarded for a **one (1) year term**. Continued eligibility beyond the initial term is not automatic and may require re-application or updated verification, based on the Foundation's policies and available funding.

🩰 Participation Expectations

Scholarships are intended for students who are committed to consistent participation and growth. Families receiving assistance are expected to:

- Maintain regular attendance
- Communicate respectfully with instructors and program staff
- Uphold the standards and expectations of the partner program

Failure to meet these expectations may result in removal from the program and loss of scholarship support, as determined by the partner program. Scholarship funds are non-refundable and are paid directly to the program.

The Foundation is notified of all scholarship removals and reserves the right to review participation and future eligibility. Applicants who are removed from a program for non-compliance may be ineligible for future assistance.

✍️ Parent Affirmation

I affirm that the information provided in this application is accurate and truthful to the best of my knowledge. I understand that this scholarship is made possible through charitable support intended to assist families with genuine financial need. I agree to notify the Foundation if my financial circumstances significantly change.

I acknowledge that acceptance of a scholarship requires consistent participation, adherence to the standards of the partner program, and respectful communication with instructors and staff.

I understand that failure to meet these expectations may result in the loss of scholarship support at the discretion of the partner program and the Foundation. Scholarship funds are non-refundable and are paid directly to the program.

I understand that removal from a program for failure to meet expectations may impact eligibility for future assistance.

Signature: _____ **Date:** _____