

# KEEPING KIDS INVOLVED IN DEVELOPMENTAL SPORTS SCHOLARSHIP PROGRAM and CAMP APPLICATION



## CAMP APPLICATION

**Keeping** Kids Involved in Developmental Sports (KKIDS) scholarship program focuses on providing opportunities for local youth to participate in developmental sports, because we believe in creating an equal playing field for all kids. KKIDS may grant summer camp registration fee scholarships to local youth who without this financial assistance would not be able to participate in a community sports camp program. Scholarships are only available to cover the cost of the camp registration and are not available to cover any additional costs (gear, equipment, tournaments, tournament uniforms, etc.).

**Scholarship** requests must be submitted to KKIDS twenty (20) days in advance of any program's registration deadline. Community sports programs have different registration deadlines, so please make sure you check with the sport coordinator/team and plan accordingly. Scholarships will be awarded, and the athlete will be notified upon acceptance of their application, no later than one (1) week prior to the applicable registration deadline. Applications will be reviewed by the KKIDS President and two (2) Board members. We will consider all complete applications received by the application deadline. The amount of the scholarship awarded (if any) may be a partial or full scholarship depending on the number of applicants, and the amount of scholarship funds available. Families may apply **for one** camp per summer, per child. A summer is considered a three-month time-period (June, July, and August). Every child for whom you are requesting funds will need their own application.

**KKIDS** is a non-profit organization with a limited amount of funding from season to season. The maximum scholarship award is \$100, with limited exception. No guarantee of assistance is implied in the application.

### **Eligibility Requirements:**

- Youth athletes must be between the ages of 5-18 years old and must reside within Hood River County and Wasco County.
- The athlete must attend at least 80% of the scheduled camp time.
- Application must be completed by a parent, guardian, or head of household, with all requested information provided. Incomplete applications will not be considered. The application is on page 3.
- All applications must be accompanied by \*Eligibility Verification. Supporting documentation for the eligibility criteria, such as a letter verifying that your child is the beneficiary for SNAP, Medicaid, WIC, etc. Your submitted document must include the program your child qualifies for, your child's name, and active dates (current within 12 months).

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**Consideration** will be given to eligible athletes who meet **three or more of the criteria below**. The more information you can provide us the better able we will be to determine eligibility.

- Written recommendation by school representatives, social services representatives, family, or friend of the family.
- Financial hardship letter. Must be provided by parent, guardian or athlete.
- Living in a single parent home.
- Receiving assistance from programs such as: SNAP, CEP, WIC, Medicaid, SSDI, Foster Care, etc. (Proof of active enrollment not exceeding 12 months from the time of application must be submitted.)

### **Application Process:**

- Complete the KKIDS Scholarship Application Form, which must be signed by a parent/guardian.
- Letter from the athlete, explaining why they would like to participate in the requested camp.
- Mail application, letter, and supporting documentation to address listed below prior to the application deadline **OR** email application, letter, and supporting documentation (pdf version) to the email address listed below prior to application deadline.

**Please note:** Approval of a scholarship does not register the youth participant in the camp. You must still register directly to the program.

**Confidentiality:** KKIDS will use the information on the application only to decide if your child qualifies to receive a partial or full scholarship for eligible athletic activities. Confidentiality will be maintained at all times. Applicants are guaranteed that personal finances will not be discussed outside of the KKIDS Scholarship Board. Coaches, assistant coaches, or volunteer helpers will not be informed of a participant's financial or scholarship status. All scholarship monies will be paid directly to the sport program upon approval no later than one (1) week prior to registration deadline.

KKIDS does not discriminate on the basis of sex, disability, race, color, national origin, religion, marital status, veteran status, sexual orientation, gender identity, gender expression, or any other protected characteristic recognized by federal, state or local laws.

**Keeping Kids Involved in Developmental Sports**  
**P.O. Box 1634, Hood River, Oregon 97031**

[gorgekkids@gmail.com](mailto:gorgekkids@gmail.com)  
[www.gorgekkids.org](http://www.gorgekkids.org)



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Please complete the following information, one (1) application per child.

**Athlete's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**School Athlete Attends:** \_\_\_\_\_

**Has Athlete Received Scholarship from KKIDS in the past calendar year?** ( ) Yes ( ) No **Amount:** \$ \_\_\_\_\_

**Desired Camp to Participate:**

**What Sport:** \_\_\_\_\_ **Camp Name:** \_\_\_\_\_

**Name of Community/School Sports Organization:** \_\_\_\_\_

**Contact Info of Organizer (Name/Phone/Email):** \_\_\_\_\_

**Camp Start Date:** \_\_\_\_\_ **Camp End Date:** \_\_\_\_\_

**Full Cost of Camp: \$** \_\_\_\_\_ **\*Amount Requested: \$** \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION:

**Parent/Guardian Name:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**Telephone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (cell) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (work) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Athlete lives with:** ( ) Both Parents ( ) Mother ( ) Father ( ) Foster Other: \_\_\_\_\_

**Total Household Annual Income:** \$ \_\_\_\_\_ **Does the child qualify for free/reduced school lunch?** ( ) Yes ( ) No

**\*Eligibility Verification:** Please provide supporting documentation for the eligibility criteria, such as a letter verifying that your child is the beneficiary for SNAP, Medicaid, WIC, etc. Your submitted document must include the program your child qualifies for, your child's name, and active dates (current within 12 months).

\_\_\_\_\_  
**Signature and Date.** By signing and submitting this application, I verify that I accept the terms and conditions of the KKIDS Scholarship Program.