MADDYN'S MISSION

PLAYING FOR OUR ANGEL

SCHOLARSHIP APPLICATION

PARTICIPANT INFORMATION:

Name: _____ Age: _____ Birthdate: _____

Grade: _____ School: _____ Neighborhood: _____

Home Address: _____

City, State, Zip: _____

PARENT/GUARDIAN INFORMATION:

Name: _____ Relationship to Participant: _____

Cell Phone #: _____ Email address: _____

Home Address: _____

City, State, Zip: _____

ADDITIONAL PARENT/GUARDIAN INFORMATION:

Name: _____ Relationship to Participant: _____

Cell Phone #: _____ Email address: _____

Home Address: _____

City, State, Zip: _____

EMERGENCY CONTACT:

Emergency Contact: _____ Phone Number _____

Relationship to Student: _____ Email Address: _____

ELIGIBILITY INFORMATION:

Total Household Income: $_____ (Attach most recent Tax Return)

Monthly Mortgage/Rent: $_____ Total Monthly Expenses $_____

Do you receive child support? Yes/$_____(Monthly) / No_____

Is your child/family eligible for Medicaid/CHIP/SNAP/TANF/Free/Reduced Lunch?

Yes _____ / No _____ Specify Program: _____ (Attach proof of eligibility)

Number of family members in household? _____ Number of siblings: _____

Ages of siblings: _____ Do your other children play sports/dance? Yes ____ / No _____

If yes, what activity/league/school? _____

Are you a Single Parent Family: Yes ____ / No _____ Is the student a Foster Child: Yes ____ / No _____

Has the student experienced loss of a parent or sibling? Yes ____ / No _____

If yes, who/what relation/when? _____

Why is your child interested in participating in the requested sport or dance class?

_____

_____

_____

What specific sport or dance class are you interested in enrolling?_____

What specific league/ dance school are you interested in enrolling? _____

Is your child currently enrolled or have they participated in the requested activity in the past?

Yes ____ / No _____ Specify Activity and League/Studio: _____

Does your child suffer from any physical, mental or learning disabilities? Yes ____ / No _____

If yes, please describe: _____

ATTENDANCE REQUIREMENTS:

Can you and your child commit to attending a minimum of 90% of the class sessions/practices/games?

Yes ____ / No _____ If no, please provide reasoning for absences: _____

_____

Maddyn's Mission requires periodic reporting from league officials and studio directors regarding behavior and attendance of scholarship recipients. If it is reported by the organization that the commitment was not met and your child has missed more than 10% of class sessions/practices/games, you will be automatically forfeiting you and your child's scholarship and will be immediately terminated from the Maddyn's Mission scholarship program. Failure to attend may result in re-payment of granted scholarship.

REQUESTED SCHOLARSHIP:

What type of scholarship are you seeking for registration fees, tuition, practice uniforms, and equipment?

_____25% Scholarship _____50% Scholarship _____75% Scholarship _____100% Scholarship

I understand that the requested scholarship amount is not guaranteed. Scholarship amount is based on calculations of financial need, determined by Maddyn's Mission Admissions Committee. _____ (Initial)

Please note that all scholarships if/when awarded are paid directly to the requested organization for the specifically requested activity. Maddyn's Mission will work with participant and league/studio to complete registration and payment once grant is awarded.

In the case of partial scholarships, a willingness and ability to cover your remaining required registration fee or monthly tuition portion monthly in a timely manner when applicable, student space availability in the class selected, your attendance commitment requirements being met, and you or your child's class prerequisite/ability level requirements being met when applicable.

Not all applicants will receive a scholarship. Neither your completion of this application nor your presentation required supporting documents serves as a guarantee of scholarship approval or Award.

At time of application there is no verbal, express, or implied commitment from Maddyn's Mission or any of its board members, partners, employees, or affiliates to provide this scholarship or any financial support to you or any member of your family at any time. You will be notified in writing at the email address you've listed above IF you are approved for a Maddyn's Mission Scholarship of any level. You will be personally contacted by a Maddyn's Mission director or board member to discuss your next steps and enrollment.

By signing below, you certify that that all the information provided is accurate to the best of your knowledge. Signing below indicates that you agree to complete confidentiality regarding this document and understand that you do not have permission to share this document or any of its contents with any person/s besides staff and owners of Maddyn's Mission.

_____	_____	_____
Parent/Guardian Signature	Date	Printed Name

Received By Maddyn's Mission: (Date) _____

_____	_____	_____
Signature	Printed Name	Title