



2330 Galaxy Way
Lake Orion, MI 48360
☎ (248)520-7415
✉ kp@heartofniko.org
💻 www.heartofniko.org

Athlete Grant & Scholarship Application

Mission:

The Heart of Niko Foundation exists to honor the legacy of Niko Perazza by supporting talented junior high and high school baseball and basketball athletes who exemplify heart, kindness, competitiveness, grit, and community spirit. We provide financial assistance to remove barriers and create opportunities for athletes to play their game at the next level.

SECTION 1: Parent/Guardian and Applicant Information

- Parent/Guardian Full Name: _____
- Parent/Guardian Mailing Address:
 - Street: _____
 - City, State, ZIP: _____
- Parent/Guardian Email Address: _____
- Parent/Guardian Phone: _____

- Student Full Name: _____
- Date of Birth: ____ / ____ / ____
- Age: _____
- Grade Level: _____
- School Name: _____
- Student Mailing Address (*if different than above*):
 - Street: _____
 - City, State, ZIP: _____
- Student Email Address: _____

SECTION 2: Athletic Background

- Primary Sport(s): _____
- How long have you participated in this sport? _____
- Current Team or Organization: _____
- Coach's Name & Contact Information:
 - Name: _____
 - Phone: _____
 - Email: _____
- Sports program cost (2025): _____



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- Season start date: _____
 - Season end date: _____
 - List any achievements, awards, or highlights from your athletic experience:
-
-

SECTION 3: Need

- Total amount requested: \$ _____
 - Please explain the purpose for the grant (e.g., registration fees, travel, equipment, tuition):
-
-

- Are you receiving any other financial assistance for this activity?

☐ Yes ☐ No

If yes, please explain:

SECTION 4: Personal Statement (To Be Completed by the Athlete)

In your own words (300–500 words), tell us:

- Why you love playing your sport
- What it means to you to show heart, kindness, grit, and sportsmanship
- How this opportunity will help you grow your game as an athlete and a person

Attach separately

SECTION 5: Recommendation Letter

Please include **one letter of recommendation** from a coach, teacher, or community leader who can speak to your character and dedication as an athlete.

Attach separately

SECTION 6: Verification/Use of Grant Funds

If awarded, I agree to use the funds for the intended purpose and provide any requested documentation or follow-up report. I understand that misuse of funds may result in revocation or repayment of the grant.



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Applicant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

SECTION 8: Consent for Use of Name, Photograph, and Personal Story

I hereby grant the Heart of Niko Foundation, their representatives, affiliates, and agents, the right to use my (or my child's)

Please check any/all that apply:

- ☐ name,
- ☐ image/photograph,
- ☐ likeness,
- ☐ personal story

in connection with promotional, marketing, and fundraising materials related to the Foundation. This may include, but is not limited to, printed materials, websites, social media, press releases, presentations, and reports.

I understand that:

- These materials may be used publicly and may be viewed by individuals outside of the organization.
- The information may be used indefinitely unless I revoke this consent in writing.
- I will not receive compensation for the use of this information.

I confirm that participation is voluntary and that I may withdraw my consent at any time by providing written notice to Heart of Niko Foundation (kp@heartofniko.org).

By signing below, I acknowledge that I have read and understood this consent and agree to the use of the information as described above.

Student Name: _____



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Student Signature: _____ **Date:** _____

Parent/Guardian Name (if student is under 18): _____

Parent/Guardian Signature: _____ **Date:** _____

Submission Instructions

Please email the completed application, personal statement, and recommendation letter to:

✉ kp@heartofniko.org

Only complete application submittals will be considered

📅 Deadlines and decision dates can be found at: www.heartofniko.org