

The Lukens Foundation Grant Application Form

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

Application Process:

- 1) Complete The Lukens Foundation Grant Application Form, which must be signed by a parent/guardian.
 - 2) Include with the application a written recommendation by a school representative, social service representative, or government/bank institution documenting financial need. Additionally the letter of recommendation should discuss the child's desire to play the desired sport, and how this opportunity would benefit the child.
 - 3) Mail or email the application to The Lukens Foundation.
 - 4) Application approval will be based on verification of financial need and approval by The Lukens Foundation Board.
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Personal Information

Participants Full Name: _____

Address: _____

School District: _____

Grade: _____

Date of Birth: _____

Gender: _____

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Parent/Guardian Name: _____

Address: (If different than above.)

E-Mail Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Annual Income: _____

How many children are in your family? _____ **Ages:** _____

Does your child/children qualify for free or reduced breakfast/lunch?

Yes _____ No _____

Organization Information

Desired Sport Request: _____

Season - Start and End Dates: _____

Organization: _____

Address: _____

E-Mail Address: _____

Phone Number: _____

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Grant Information

Registration Fees: _____

Equipment Costs: (approximate) _____

Total Season Cost: _____

Amt Requested: _____

The Lukens Foundation Requirements

Are you able to commit to participating in community service 16 hours per year for every season/year you receive a grant or scholarship from The Lukens Foundation?

Yes _____ No _____

Letter of Recommendation

Please include a written recommendation by a school representative, social service representative, or government/bank institution documenting financial need. Additionally the letter of recommendation should discuss the child's desire to play the desired sport, and how this opportunity would benefit the child.

Consent to Release Information:

- I certify that all of the information I have listed above is true and correct.
- I understand that my signature authorizes The Lukens Foundation to obtain verification of all information on this application and that additional information may be necessary for approval of this application.
- I understand that this application does not guarantee an opening or acceptance into the sport/league desired, or a grant award. I still have to sign my child up for the sport/league desired by their registration due date.
- I understand that my child's participation in the grant program requires a commitment to attend the scheduled meetings, practices and games outlined.

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- I will provide or make arrangements to supply transportation to my child for the sport's meetings, practices and games.
- I understand that participation by the participant in at least 16 voluntary service hours is required for participation in the grant program, as outlined in the grant information.

Parent/Guardian Signature _____

Date _____

All eligible applications will be reviewed two (2) weeks prior to the last registration date for each specific sport/league. Applicants will be notified of the committee's decision by mail, email, or phone no later than one week prior to the registration closure. Participants will be responsible for any, and all remaining balances and must pay their portion at the time of registration.

Please email all questions and/or applications to thelukensfoundation@gmail.com with the "Grant Request" in the Subject line. You can also mail the application to:

The Lukens Foundation
P.O. Box 235
Schwenksville, PA 19473.

*****Please note:** *Approval of a grant does not register the participant in the activity/program. You must still register the athlete in the sport and program desired.*