

Dojo Scholarship Fund Application Form

Parent/Guardian Information

Name: _____

Phone: _____

Email: _____

Address: _____

Student Information

Student Name(s): _____

Age(s): _____

Program you are interested in: Please circle one (Karate, Cardio Kickboxing, Boxing, Muay Thai, Self-Defense, Extreme)

Household & Income Information

Number of people in household: _____

Monthly household income: \$ _____

Proof of eligibility provided: (check one)

- ☐ Recent pay stub
- ☐ Tax return
- ☐ SNAP/WIC
- ☐ Free/Reduced lunch
- ☐ Medicaid or AHCCCS card
- ☐ Other: _____

Reason for Applying

(Please briefly explain your situation or reason for applying for tuition assistance.)

Certification

I certify that the information provided above is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

All applications are reviewed confidentially. Approved families will be contacted directly by the dojo.