



SCHOLARSHIP / FINANCIAL ASSISTANCE REQUEST FORM

Date: _____

Parent/Caregiver Name: _____

Child's Name: _____

Financial Assistance Requested for activity: (ex- summer dance program)

Please note our scholarship requirements:

- Kinetic Kids allows each family to apply for 2 full or partial scholarships per season. Families may participate in additional programs at the regular fee if they choose
- Program attendance is critical to the scholarship program being a success. We will take regular attendance into consideration if there are repeated un-excused absences
- We also value parent help with clerical needs or assisting at community events, and appreciate your help when the needs arise. We will notify scholarship families by email if there are opportunities to assist.

Please respond to the following 5 questions. Your responses and application will remain confidential with the scholarship committee and will only be used as support in providing financial assistance for Kinetic Kids activities.

1. Please provide your household monthly income after taxes: _____
2. Please provide an estimate of your monthly medical expenses. Please be sure to include any insurance premiums paid if applicable: _____
3. Number of dependents: _____
4. Does the child named above qualify for Medicaid? YES NO
5. Select the amount of financial aid you are requesting:
___ \$25 ___ \$50 ___ \$75 Other: _____

I attest that the above listed responses are true and reliable to the best of my knowledge. I also understand that if my child is a recipient of scholarship funds, I will commit to make every effort possible to have my child in attendance each week of the above listed activity.

Signature

Contact phone number

**PLEASE RETURN THIS COMPLETED FORM BY EMAIL TO
REGISTER@KINETICKIDSTX.ORG**