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| Scholarship Application |  | |
| Thank you for applying for LCF Kids Scholarship. This scholarship is intended to help those families who are not able to afford our services. LCF Kids will award scholarships to children with disability that has a need to improve their gross motor skills, sport skills, athletic development and social skills. Please complete the application form and submit to [Info@LCFKids.com](mailto:Info@LCFKids.com). | |

## Applicant Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Parent’s Name |  |
| Cell Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Are you a current client of LCF KIDS?

### During which hours are you available for volunteer assignments?

|  |  |
| --- | --- |
| \_\_\_ Yes | \_\_\_No |
| Referred by: \_\_\_\_LCF Kids \_\_\_\_\_Autism Association \_\_\_\_Down syndrome Association | |
| \_\_\_\_Social Media (FB,TW,IG) |  |
| Application Request: \_\_\_\_ One-on-One Class \_\_\_\_ Social Skills Class | |
| What challenges does your child have? \_\_\_ Gross Motor \_\_\_ Social Skills \_\_\_ Coordination \_\_\_ Balancing \_\_\_ Sport Skills  \_\_\_ Strength/ Cardio Vascular Endurance \_\_\_\_ Visual Spatial Awareness \_\_\_ Behavior | |
|  |  |

## Household Income

### Average household income:

* \_\_\_\_ Less than $25,000
* \_\_\_\_ $25,000 to $34,999
* \_\_\_\_ $35,000 to $49,999
* \_\_\_\_ $50,000 to $74,999
* \_\_\_\_ $75,000 to $99,999
* \_\_\_\_ $100,000 to $149,999
* \_\_\_\_ $150,000 or more

## Why does your child deserve this scholarship?

### Briefly describe why your child deserves this scholarship, use additional paper if necessary.

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## Any Additional Information we should know?

### Please state any additional information you think we should know that may help your child in this award.

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## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Cell Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am awarded this scholarship, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate withdrawal from LCF Kids

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |