

Kids' Action League of Martial Artists, Inc. 501(c) (3)

Scholarship Application Overview

Contact: Mr. Michael L Werth, President
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Purpose: The purpose of the Kids' Action League of Martial Artists is to create opportunities for children of all socioeconomic backgrounds to participate in educational ramp-up and physical fitness programs that will help them to have a great childhood and to better prepare them for success in the future.

The scholarship committee awards monthly stipends towards martial arts programs, other cultural fitness programs and educational ramp-up tutoring programs to assist with or to cover the cost of these programs depending on financial need.

Eligibility: A family whose income does not exceed 250% percent of the current Federal Poverty Income Guidelines may qualify for financial assistance towards physical fitness and educational opportunities.

Procedure: After fulfilling the eligibility requirements, interested persons should fill out the attached scholarship application in full, providing all required information and documents. Incomplete applications will not be accepted.

Enclosed: 1) KALOMA Scholarship Application
2) Appendix A: KALOMA Eligibility for Funding
3) Appendix B: KALOMA Rules and Etiquette
4) Appendix C: KALOMA Affiliate Institution or Educator Form
5) Appendix D: KALOMA Application Checklist

NOTE THAT:

1) ALL APPLICATIONS MUST BE COMPLETE WITH ALL APPENDICES COMPLETE.

2) ELIGIBILITY REQUIREMENTS ARE ABSOLUTE.

3) ALL DOCUMENTATION REQUESTED MUST BE PROVIDED.

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Scholarship Application

Directions: Please fill out the information below and collect at least three character references as to your sincere standing from each of these areas: in school or work, at home, and among your friends. Please have each of your references write a minimum of three five-sentence paragraphs as to your sincerity, friendliness, and work ethic.

I, _____, am interested in applying for scholarship funding for educational and physical fitness opportunities through KALOMA. I acknowledge that I meet the requirements for funding as stated in Appendix A of this application. I agree to cooperate with all fundraising activities and to follow the rules and etiquette of KALOMA as stated in Appendix B, and I have attached all documents specified in Appendix D.

Family Income Last Year: _____
Current Number of Members in Family: _____

For Office Use Only: Eligibility % _____ Approved: YES NO
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Name & Signature

Printed Name _____ Phone # _____ Email _____
Address _____

In presence of:

Signature _____ Date _____ Witness _____

Signature or Parent or Guardian [Required if participant is under the age of eighteen (18)]

Printed Name _____ Phone # _____ Email _____
In presence of:

Signature _____ Date _____ Witness _____

References

1) Printed Name _____ Phone # _____ Email _____

Address _____
In presence of:

Signature _____ Date _____ Witness _____

2) Printed Name _____ Phone # _____ Email _____

Address _____
In presence of:

Signature _____ Date _____ Witness _____

3) Printed Name _____ Phone # _____ Email _____

Address _____
In presence of:

Signature _____ Date _____ Witness _____