

# Kid's Action League of Martial Artists, Inc. 501(c) (3)

## Scholarship Application Overview

Contact: Michael L Werth, President  
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Purpose: The purpose of the Kid's 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: Rules and Etiquette of KALOMA  
4) Appendix C: KALOMA Affiliate Institution or Educator Form  
5) Appendix D: KALOMA Application Checklist

### **NOTE THAT:**

**1) ALL APPLICATIONS MUST BE COMPLETE.**

**2) ELIGIBILITY REQUIREMENTS ARE ABSOLUTE.**

**3) ALL DOCUMENTATION REQUESTED MUST BE PROVIDED.**

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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 \_\_\_\_\_

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## Scholarship Application

### Appendix A:

#### Eligibility for Funding:

A student interested in funding from KALOMA must meet the following guidelines based on family income and number of members in the family. A student from a family at 175% of poverty income level or lower can receive 100% financing from KALOMA for their educational and physical fitness opportunities. Then financing is reduced on a sliding scale from 99% at 176% of poverty income level to 25% financing at 250% of poverty income level. At 251% of poverty income level or higher, students seeking aid must do so through direct fundraising and will be ineligible for KALOMA funding. Income analysis is based on the family's gross income from their most current 1040 income tax return compared with the most current Federal Poverty Guidelines table.

For example, a family of 3 has an income of \$28,500 per year and they wish to enroll their daughter in a self defense fitness program costing \$99/month.  $\$28,500 / \$15,670 = 182\%$  of poverty income level. This would make their family eligible for KALOMA funding at  $[100-(182-175)]\% = 93\%$ . They would therefore be eligible for KALOMA benefits at \$92.07/month. The family co-pay would be  $\$99 - \$92.07 = \$6.93/\text{month}$ .

Another example might be for a family of four, which earns \$48,000 per year or more. They would be above 251% of poverty level, and would therefore be ineligible for KALOMA benefits.

This table represents the 2004 Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia:

Number in Family	Gross Yearly Income	Gross Monthly Income*	Approximate Hourly Income**
1	\$ 9,310	\$ 776	\$ 4.48
2	\$12,490	\$1,041	\$ 6.02
3	\$15,670	\$1,306	\$ 7.55
4	\$18,850	\$1,571	\$ 9.08
5	\$22,030	\$1,836	\$10.61
6	\$25,210	\$2,101	\$12.14
7	\$28,390	\$2,366	\$13.68
8	\$31,570	\$2,631	\$15.21
Over 8 add for each child	+\$3,180	+\$265	+\$1.53

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## Appendix B:

### Rules and Etiquette of KALOMA:

- 1) All scholarship applicants agree to participate in KALOMA ongoing, quarterly, and annual fundraisers and membership drives.
- 2) All scholarship applicants agree to show success in school, at work, and have a top-notch positive attitude in every area of their life.
- 3) All scholarship applicants agree to keep their KALOMA program active and current at all times, and to submit a letter in writing with at least 30 days notice\* when they intend to cancel their scholarship. By current, that means that the student will attend all their classes on a weekly and monthly basis and complete all requirements that are specified by those classes. Additionally, satisfactory participation in fundraisers is required. (\*Note that some affiliate schools may require 60 days or more notice.)
- 4) All scholarship applicants agree to update KALOMA with their biographical and income data on an annual basis.
- 5) All scholarship applicants agree to maintain and improve performance in school or at work and to keep KALOMA updated with every report card or performance report.
- 6) All scholarship applicants agree to update their personal goals and scholarship eligibility with KALOMA on a yearly basis, indicating progress toward or success of previous goals.

KALOMA STUDENT CONTACT INFORMATION CARD & HISTORY		
Last:	First:	Age:
Address:		
Phone/Cell/Work/Fax:		
Email:		
How did you hear about KALOMA?:		
What interests you about Martial Arts?:		
What are your current goals this year?:		
Comments:		

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## Appendix C:

KALOMA Affiliate Educational or Fitness Institution or Educator:

The KALOMA applicant must have the affiliate school or educator that they are applying to fill out this card for funding from KALOMA. KALOMA affiliates must be in good standing in the community, and meet our criteria as a suitable educational or fitness program for our applicants.

KALOMA AFFILIATE INFORMATION CARD & HISTORY		
Name of Organization:		
Last:	First:	
Address:		
Phone/Cell/Work/Fax:		
Email:		
How did you hear about KALOMA?:		
What interests you about KALOMA?:		
What services do you currently provide to students * ?		
How will you support KALOMA in its fundraising, educational, and fitness goals for students?: (Please attach additional pages as necessary.)		
Comments:		
*Note: For our information, please attach your resume, documentation of professional certification, and schedule of fees for your services.		

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## Appendix D:

Checklist for KALOMA scholarship application documents:

- \_\_\_\_\_ Copy of your most current school report card or most current job performance review.
- \_\_\_\_\_ At least three letters of reference, one each from school/work, family, and friends.
- \_\_\_\_\_ Your brief one page essay stating your current goals for physical fitness and education.
- \_\_\_\_\_ Your family 1040 income tax return.
- \_\_\_\_\_ A signed statement of your pledge to keep your program current as stated in Appendix B.
- \_\_\_\_\_ The first page of this application filled out and completed.
- \_\_\_\_\_ The Appendix B information card filled out and completed.
- \_\_\_\_\_ The Appendix C information card filled out and completed.
- \_\_\_\_\_ This Appendix D checklist filled out and checked off that each item is completed.
- \_\_\_\_\_  $\beta$  Initial here certifying that the entire application and appendices are complete.