



KID CENTRIC SPORTS ASSOCIATION

Scholarship Application Form

*Please complete and email to: kcsaboard@gmail.com
Or Mail to: KCSA Board, 6848 N. Government Way, Suite 114 PMB #46,
Dalton Gardens, ID 83815*

Individual's Information:

Name: _____ Age: _____

Mailing address: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Name of sport or youth group you will participate in: _____

Primary contact name of sport/youth group: _____

Primary contact for coach, teacher: _____ email: _____

Please state the requested amount: _____

What is total cost (per month or for equipment, etc) _____

Please state the need and what the requested funding will be used for:

Please attach the KCSA Recommendation Form from two non-related adults that know you and that would support your request from KCSA. Use the attached Recommendation Form.

Please sign this statement. "I agree to use the scholarship funds if awarded, for the needs I have stated above." Print Name: _____

Signature: _____ Date: _____

SCHOLARSHIP APPLICATION GUIDELINES AND INSTRUCTIONS

Kid Centric Sports Association seeks scholarship requests from individual youth that have a desire to participate in active and healthy sports, activities and/or youth groups but may have financial barriers to participation.

ELIGIBILITY

1. Funds must primarily benefit the youth of the Panhandle of Idaho.
2. Applicants must be a minor and/or be of an age that meets the requirements of the youth group or sports organization.
3. Applicants must submit this Scholarship Form and the Recommendation Form from two non-related adults in support of the youth's request.
4. Applicants may apply once per year and priority may be given to *first time* requests.

CRITERIA

1. Scholarship requests should improve and benefit the local youth and those activity/sports groups in the community and comply with the guidelines of the organization the youth is associated with.
2. If awarded, funds must be used only for purposes stated in the application.
3. Scholarship awards should generally be expended by the stated completion date.
4. All unused funds must be returned to KCSA at the end of one year of the funding support.
5. All applications must be complete, as incomplete applications will not be considered.

REVIEW PROCESS

1. Committees comprised of members of the KCSA Governing Board and Scholarship/Grant Committee will review all completed applications.
2. The Board of Directors of Kid Centric Sports Association will make final funding decisions on all applications based on committee recommendations and available funds.
3. Notification of Board decisions will be made to applicants within 90 days of application or sooner as the award process is quarterly.
4. Request amount may be partially funded when the volume of requests require such.

REPORTING REQUIREMENTS

Successful scholarship recipients must complete a written note to KCSA Board within 90 days of the award. The report must confirm the following items:

1. Amount spent and the items/fees the funds were used for.
2. How your experience helped you and the benefits were by participating in the youth activity or sport.
3. Scholarship recipients will not be eligible for further awards until all reports are sent to KCSA.

ACKNOWLEDGEMENT

In all published material and announcements made by KCSA, the recipient may participate but that is not a requirement. If a recipient would like to acknowledge and recognize the financial support from Kid Centric Sports Association, they must have a written release to do so by their parent or guardian prior to any photo and news media.



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Scholarship Application Recommendation Form #1

*Please complete and email to: kcsaboard@gmail.com
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Please complete this information for the youth requesting funds from the Scholarship Program. This form is to be completed by a non-related adult that is familiar with this individual and is knowledgeable regarding the need for funding in order to participate in healthy activities, youth groups and sports. Thanks so much for your help!

Required Information:

Youth's Name: _____ Age: _____

Adult Name (making the recommendation): _____

How do you know this youth? _____

Mailing address: _____

Phone: _____ Email: _____

Name of youth group/sport organization you are associated with: _____

Please state the need and what your recommendation may be for this youth:

You may return this form directly to KCSA and all information will remain confidential.

Please print your name: _____

Please Sign: _____ Date: _____



KID CENTRIC SPORTS ASSOCIATION

Scholarship Application Recommendation Form #2

*Please complete and email to: kcsaboard@gmail.com
Or Mail to: KCSA Board, 6848 N. Government Way, Suite 114 PMB #46,
Dalton Gardens, ID 83815*

Please complete this information for the youth requesting funds from the Scholarship Program. This form is to be completed by a non-related adult that is familiar with this individual and is knowledgeable regarding the need for funding in order to participate in healthy activities, youth groups and sports. Thanks so much for your help!

Required Information:

Youth's Name: _____ Age: _____

Adult Name (making the recommendation): _____

How do you know this youth? _____

Mailing address: _____

Phone: _____ Email: _____

Name of youth group/sport organization you are associated with: _____

Please state the need and what your recommendation may be for this youth:

You may return this form directly to KCSA and all information will remain confidential.

Please print your name: _____

Please Sign: _____ Date: _____