



## KEVA SPORTS CENTER Confidential Financial Assistance Form

**In order to qualify for financial assistance at KEVA Sports Center, a child's parent(s)/guardian(s) must return their most recent 1040 tax form or paperwork stating income level along with this form completed. Once all of the materials are received the packet will be reviewed and individuals will be contacted. ALL PAPERWORK MUST BE TURNED IN AT LEAST 5 DAYS PRIOR TO PROGRAM STARTING.**

The amount of financial assistance is limited. The number of applicants each year affects the number and amount of financial assistance grants awarded. Financial assistance is not automatically renewed each year. An application for assistance must be filled out annually.

Parent/Guardian Last: \_\_\_\_\_ First: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Salary: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Salary: \_\_\_\_\_

Dependents- List only those whom you are applying financial assistance for:

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

**In addition to filling out these forms please also include a letter no longer than 500 words stating why assistance is needed at this time.** Please include any information that will be helpful to KEVA in choosing who receives the scholarship grants.





**List the activities in which you request to attend at KEVA:**

Session Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Programs Requested: State Class Time or Team Name**

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

Financial Request-State Total Fee of Program: \_\_\_\_\_  
(If this is for a team speak to team manager/coach to confirm individual amount due)  
Amount Requested (Circle One)

Entire KEVA Fee

Partial KEVA Fee (list percentage you wish KEVA to cover) \_\_\_\_\_  
Memberships are not covered via scholarships

As part of this mission, KEVA Sports Center asks all families to volunteer at various youth and family events to the extent possible. Please talk with a KEVA Manager for more information. Thank you in advance for your support and understanding.

If you wish to make KEVA Sports Center aware of any special circumstances, please feel free to submit any additional information on a separate sheet of paper. KEVA Sports Center does not discriminate on the basis of race, creed, color, or sex.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**This application along with all requested information (tax form and letter) must be submitted at least three weeks prior to activity sign up deadline in order to secure your child's registration in the program.**

All information to be sent to:

KEVA Scholarship Program  
Attn: Tracy Kruzicki, Vice President

