



giveSPORTS Scholarship Application



A Precious Child's giveSPORTS Scholarship provides disadvantaged and displaced children the opportunity to participate in sports. Approved applicants are awarded scholarships, which are paid directly to the activity provider to cover registration fees, league fees, tournament costs, and other related expenses.

Scholarships will be awarded at the discretion of the committee based on all applications submitted and the availability of giveSPORTS Scholarship funds. Considerations will be based on meeting our criteria. The maximum amount that may be awarded is \$300 per applicant and \$500 per family. Applicants may only apply once per season (Spring, Fall) and may only apply for one sport at a time. Scholarship applications must be received no later than 30 days prior to registration for the season.

Criteria for eligibility of applicants:

- Must be between the ages of 5 and 18 years old
- Commit to attending a minimum of 85% of scheduled practices and games
- Attach to the application a minimum 100 word essay from the child describing how this scholarship will benefit/impact his or her life and what activities he or she would be involved in if he or she does not receive the scholarship.
 - K-3 grade children may complete the essay with the assistance of the parent.
- Provide written documentation demonstrating financial hardship
 - W-2 Form, DSS Form, SSI Form, Unemployment Statements, Social Security, Child Support Order, All 1099 Forms, 2 Current Consecutive Pay Stubs, etc.
- Application must be completed by a parent, guardian, or head of household, with all requested information provided.

➤ **Reference the chart below to assist in determining eligibility**

Family/Household Size	Maximum Annual Income (@ FPL*)	Maximum Annual Income (@ 200% FPL*)
2	\$15,730	\$31,460
3	\$19,790	\$39,580
4	\$23,850	\$47,700
5	\$27,910	\$55,820
6	\$31,970	\$63,940
7	\$36,030	\$72,060
8	\$40,090	\$80,180

FPL*= 2014 Federal Poverty Line as reported by the U.S. Census Bureau

Total Household Annual Income: \$ _____

Household Size: _____

PLEASE PRINT ALL INFORMATION

PARENT/GUARDIAN CONTACT INFORMATION

Last Name, First	
Address, City, State, Zip Code	
Phone (Home)	
Phone (Cell)	
E-Mail Address	

CHILD INFORMATION

Last Name, First	
Birth Date, Age	
Gender	
School, Grade	

SCHOLARSHIP INFORMATION

What sport is your child interested in playing?	
Name of Organization/Sports Club	
Organization/Sports Club Phone Number	
Season Duration (Month, Year – Month, Year)	_____/_____-_____/_____
Requested funds needed for Registration*	
Requested funds needed for other related costs, please explain (i.e. tournament costs)	
Is any sports equipment needed? Explain	

*Funds will be distributed directly to partnering sports organization

Does your child qualify for free or reduced school lunch? Yes No

Has your family experienced sudden financial hardship? Yes No

Please explain why the scholarship is needed: _____

I hereby certify that the information on this form is accurate and I understand that the giveSPORTS Scholarship Committee may verify this information. Deliberate misrepresentation may result in termination of further financial assistance. I understand that any financial assistance is granted through a committee process and that the Program Director is not responsible for decisions made by the committee. I understand and agree to abide by A Precious Child's terms and conditions and remain in good standing if the scholarship is granted. I understand that continued financial support may be terminated if these terms and conditions are not met. I also understand that giveSPORTS Scholarships are awarded seasonally, and that I must reapply each season for scholarship consideration. Finally, I, on behalf of both myself and my child, agree to participate in a set of surveys regarding the giveSPORTS scholarship upon request; the first of which will be administered prior to sport's season beginning for which the scholarship is granted, and the second will be administered following the completion of said sport season.

Parent or Legal Guardian Signature: _____

Date: _____

This form may be returned via fax:
A Precious Child
ATTN: Courtney Rogers
303-469-7555

OR via mail:
A Precious Child, ATTN: Courtney Rogers
557 Burbank St, Unit E
Broomfield, CO 80222

OR via email:
courtney@apreciouschild.org