

Amount of Scholarship: \$_

Kingdom Kids Recreational Scholarship Form

8151 Merchant Place Portage, Michigan 49002 Phone: 269-226-2000 www.KINGDOMKIDS.biz

Camps, Indoor Classes, and Indoor Leagues

| Participant's Name: | Birthdate: | |
|---|---|---|
| Parent or Guardian: | | |
| Address: | | |
| | State: Zip: | |
| Home phone: | Work: | Cell: |
| Email: | | |
| Please mark the program bel | ow that your child would like to a | attend. |
| Leagues: | Classes: | Camps: |
| Session:□1□2□3 | Session: □1□2□3□4□5 □ Micro Kickers | Location: |
| □ Rec Soccer | | │ |
| □ Flag Football | ☐ Tech & Play | Skill Builders |
| If your child will be attending | ☐ Goalkeeper Training | ☐ Goalkeeper |
| multiple sessions, please | ☐ Flag Football | □ Skateboarding |
| mark each session you are requesting a scholarship for. | □ Skateboarding | —— |
| | your request: | |
| Family annual salary: | financial assistance?Yes | |
| | copy with your application: | |
| deliver or mail it to Kingdom Spo | Application Form along with the regist rts, 8151 Merchant Place, Portage, I ance that you receive. (i.e. WIC, Free/ | tration of the requested program and MI 49002. You must submit a copy of /Reduced Lunch Letter, DHS Approval, |
| Your application will be reviewed, | and you will be notified of the amount | of scholarship granted within two |
| weeks of your application. There a given. | are a limited number of scholarships a | vailable. No full scholarships will be |
| Parent Signature: | | _ Date: |
| For Office Use Only | | |

Notified:

Staff: