



SCHOLARSHIP APPLICATION

Kidnetic Energy wants every child to have the opportunity to participate in our programs. If you cannot pay part or all of a class fee, please complete the application below and mail to Kidnetic Energy, 1215 Polaris Parkway, PMB 295, Columbus, Ohio 43240.

Parent(s) Name: _____ **Date:** _____

Parent(s) Address, including county: _____

Parent(s) Phone Number and Email Address: _____

Child's Name: _____

Program for which a scholarship is requested. For example: "Fall program 2007, dance class": _____

The remaining questions ask about your finances. All information provided will remain confidential, including stored in a separate location from general files. This information is required in order to apply for a scholarship for class fees.

1. Please state your monthly household income after taxes: _____

2. Please estimate the amount of your monthly medical expenses, including the amount of any insurance premiums or other expenses related to your child's medical care: _____

3. Please state (1) if your child qualifies for Medicaid, and (2) if you receive assistance relating to the care of your child from local, state or federal agencies:

(1) Yes / No; (2) Yes / No

4. Our family can afford to contribute this amount to the program(s):

___ \$10.00 ___ \$20.00 ___ \$40.00 ___ \$50.00 ___ \$60.00 ___ Other: _____

"The information provided on this form is accurate and reliable to the best of my knowledge. If a change occurs in my circumstances that enables me to afford full tuition, I will notify Kidnetic Energy immediately. I understand that my child will be expected to miss no more than two classes during the above-mentioned program, and a breach of this stipulation will result in a refusal of a scholarship for the following program.

Signature: _____ **Date Signed:** _____