

GymS.T.A.R. Kids Foundation
Scholarship Application
(All information is kept confidential)

Applicant's (Child) Name: _____

Ethnicity/Race (Optional): _____

Father's Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail Address: _____

Place of Employment: _____

Annual Income: _____

Mother's Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail Address: _____

Place of Employment: _____

Annual Income: _____

Please Circle One in Reference to Parents: Married Separated Divorced

Number of Siblings in Family: _____

Please complete the following:

Monthly Expenses:

Rent/Mortgage (circle one): \$ _____

Utilities/Phones: \$ _____

Automobile Payment(s): \$ _____

Alimony/Child Support: \$ _____

Health Insurance/Medical Bills: \$ _____

Extenuating Circumstances: Please explain any situations that might justify the need for a GymS.T.A.R. Kids Foundation tuition scholarship (i.e., financial hardship, "at risk" behavior, etc.):

Signature: _____

Date of Application: _____

For Office Use Only:

Approved

Disapproved
