

Discover *fitness* foundation

Changing Children's Lives Through Gymnastics

The Discover Fitness Foundation provides scholarships to youth to pursue activities leading to increased fitness, gymnastic skills, reducing obesity, or meeting special physical needs. Scholarships are provided to youth who otherwise could not access fitness activities due to financial need.

Scholarships are awarded in areas: Talent, Fitness, and Special Needs. Requirements for each scholarship area are listed below.

Awards of scholarships are made in collaboration with gymnastic facilities offering approved programs of gymnastics skills and physical fitness.

Grants are awarded three times each year, to coincide with gymnastic academy's enrollment semesters.

Please note: Former or current participants in a Discover Fitness Foundation sponsored program or organization may receive preference. Applicants can reapply for each semester of enrollment.

Eligibility Requirements:

- ✓ Youth Scholarship Applicant must be age 4 to 18 years of age.
- ✓ Choice of facility must meet collaboration requirements: utilize approved curriculum; willing to give 20% discount for tuition fees; willing to track student's participation; agree to allow on-site visit by a Foundation representative to validate the youth's participation.
- ✓ The parent or guardian must submit an application for the youth.
- ✓ Financial Need must be discussed with the Foundation representative.

Applicants, or their parent or guardian if under 18, must submit the following information for scholarship consideration by:

- May 15th
- August 15th
- December 15th

For a **Talent** Scholarship:

- Submit a scholarship application
- Must currently participate in a competitive gymnastics program
- Letter of recommendation from his or her coach
- Letter of recommendation from the gymnastics facility
- Provide financial statements (copy of a single paycheck, a list of monthly expenses)

For a Fitness Scholarship:

- Submit a scholarship application
- Letter of recommendation from medical professional stating the need for physical activity due to child being overweight or fighting obesity
- A second letter of recommendation from an educational professional or gymnastic coach or an individual not related to you

For a Special Needs Scholarship:

- Submit a scholarship application
- Letter of recommendation from medical professional stating the special need (ex. Autism, Downs Syndrome or physical disability)
- A second letter of recommendation from an educational professional or gymnastic coach or an individual not related to you

To contact the Fitness Foundation Executive Director, Carly Markesich by email at carly@discoverfitnessfoundation.org. Scholarship recipients will be notified in writing within two weeks of the above application dates.

Please mail application and required documents to:

The Discover Fitness Foundation
Scholarship Committee
747 N. Shepherd #400
Houston, Texas 77007

Applications received without all supporting documentation cannot be considered.

DFF Scholarship Application

(Print or Type Clearly — All Fields are Required)

Date: ____ / ____ / ____

Scholarship are you applying for: Talent Fitness Fitness Talent Special Needs

I. Personal Information

A. Contact information

Parent or Guardian's Name: _____

Parent Email: _____

Youth's Name: _____

Youth's Birthday: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Are you a U.S. citizen or permanent resident? Yes [] No: []

Race (Optional): _____

How did you hear about us? _____

B. Other Contact (Family, Teacher, Coach, etc. who will know how to contact you if the above information changes)

Name: _____

Email (If Applicable): _____

Address: _____

Home Phone: _____ Mobile Phone: _____

2. Financial Information:

A. Gymnastics academy of choice:

Name of Facility: _____

Address: _____

Telephone: _____

Contact Person: (owner/manager) _____

Class Name/Level: _____

B. Financial Need:

Monthly Tuition: \$ _____

Amount family will contribute: \$ _____

Is youth currently enrolled in a gymnastics or fitness program? Yes [] No: []

Years enrolled: _____

Describe special circumstances supporting need for financial assistance:
(Examples: Limited income; family size/limited resources; other financial stress; etc. Need only a concise statement to validate financial need.)

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Describe in a concise statement why the financial aid would be beneficial to the youth applicant.
(Examples: health professional recommended; other physical fitness or gym resources not available;
special needs student; talented but unable to continue in program due to financial need; etc.)

Please give any additional information you believe would be helpful to DFF in making its decision for scholarship.
