

2020 MAUI YOUTH ATHLETIC DREAMS SCHOLARSHIP APPLICATION

Our aim in implementing this program is to ensure that EVERY disciplined student with a strong desire to continue their martial arts training be able to do so regardless of financial hardship during the Covid 19 crisis.

PERSONAL INFORMATION

Name of student: _____

Telephone (Home/Cell): _____

Email: _____

Date Of Birth: _____ Belt Rank: _____

STUDENT STATUS

How long have you been a member of Kiffmanns' Maui Elite Taekwondo Center? _____

How many Taekwondo classes do you attend weekly? _____

My application is based on the following: (Please check)

Significant loss of income due to Covid 19 seeking partial scholarship - (amount TBD)

Total Loss of income due to Covid 19 seeking full scholarship

Occupation _____

Former place of employment _____

Are you receiving unemployment benefits? _____

Please describe any additional circumstances you feel are necessary in determining your eligibility:

Parent/student signature _____ Date: _____