

### **SCHOLARSHIP APPLICATION**

### **APPLICANTS INFORMATION**

Full Name	
Address	
City, State, Zip	
Home Phone ( )	
Mobile Phone ( )	
Email Address	
Date of Birth	
Grade Level	Current GPA
Current School Attending	
List Your Extracurricular Activities:	
List Any Community Service you participate in:	



Which	n family member do you live with?	What home	language do you speak most often af??
	Both Parents (Married)		
	One Parent at a Time (Joint Custody)		English
	Mother Only		Spanish
	Father Only		French
_	Grandparents	_	Other
_	Foster Parents	_	
	Other Family Member		
_	Other		
		Αŗ	oplicants T-Shirt Size:
What	is your race?		
	·		Adult Small
	Asian American or Pacific Islander		Adult Medium
	Black or African American		Adult Large
	Hispanic, Latin or Mexican American		Adult Extra Large
	Native American or American Indian		Youth Small
	White, Caucasian or European		Youth Medium
	American		Youth Large
	Multiracial or Multiple Heritage		Youth Extra Large
PARE	NTS INFORMATION		
Full N	ame		
Curre	nt Occupation		
Comp	any		
Marit	al Status:	Paren	ts T-Shirt Size
	Single		Adult Small
	Married		Adult Medium
	Separated		Adult Large
	Divorced		Adult Extra
	Widowed		

Large



## Level of Education Completed:

- Less Than a High School Diploma
- High School/GED
- Some College
- Associate Degree (2 Year)
- Undergraduate Degree (4 Year)
- Master's Degree (MS, MA, MBA, MFA)
- Doctoral Degree (PhD)
- Professional Degree (MD, JD)
- None of These

#### Annual Household Income:

Less than \$10,000

\$10,000 - \$20,000

\$20,000 - \$25,000

\$25,000 - \$30,000

\$30,000 - \$40,000

\$40,000 - \$50,000

\$50,000 - \$75,000

\$75,000 0 \$100,000

More than \$100,000

## Total Number of Household Occupants:

1

2

3

4

5

6

7 or more

#### **ADDITIONAL INFORMATION**

Which scholarship are you applying for?

- Elementary School Scholarship
- Middle School Scholarship
- High School Scholarship
- College Scholarship
- Graduate School Scholarship



Please tell us why you should be awarded the scholarship in 250 words or less:			



### **SIGNATURE OF APPLICANT & PARENT**

acknowledge that you have read an statements required to submit this ap the Move for Success, Inc. to verify	Igree to the terms of our Media Release Form. You further and submitted signed copies of these forms and all other oplication. Submission of this application authorizes Kids on any and/or all of the information you have provided. You ovided is true and correct to the best of yourknowledge.
Dated thisday of	, 20
Signature of Applicant	Signature of Parent or Legal Guardian
Drint Full Logal Name	Drint Name of Deport or Logal Cuardian
Print Full Legal Name	Print Name of Parent or Legal Guardian



## **MEDIA RELEASE FORM**

Be it hereby known that I,	("Releaser"),
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the said production, including but not li- and use in newspapers and other for cablecasting, webcasting, podcasting,	eirs might have now and/or in the future to all or part of mited to the publishing, printing, development, editing, orms of printed media, social media, broadcasting, video on demand, or any other public or private leveloped or designed by the Assignee or its successors
payment hereunder or from any other li materials described above. I knowingly	I such other parties from any obligation to make any ability incurred in connection with the use of any of the and willingly waive any and all rights or entitlements, r for the subsequent distribution of the products related
Releaser hereby acknowledges his/her Release.	full and complete satisfaction with the terms of this
Dated thisday of	, 20
 Signature of Releaser	Address
Print Full Legal Name	City, State & Zip Code
Email Address	() Phone Number



# [IF THE RELEASER IF LESS THAN 18 YEARS OF AGE, PLEASE COMPLETE THE FOLLOWING]

l <u>,</u>	, ("Parent/Legal Guardian"), residing at the
address listed below, do hereby warrant that I am t	the Parent or Legal Guardian of (Name of minor
subject to this Agreement)	, a minor, and
have the full authority to authorize the above Rele	
release and agree to indemnify the aforemention	·
assigns, from and against any and all liability arising	ng out of the exercise of the rights granted by
the above Media Release Form.	
Dated thisday of, 2	.0 .
 Signature of Parent or Legal Guardian	Address
Print Full Legal Name	City, State & Zip Code
 Email Address	() Phone Number
ACCIONEE ACCEPTANCE	0. A GV/NIGNAVI E GENAFAIT
ASSIGNEE ACCEPTANCE 8	& ACKNOWLEGEWEN I
Signature of Company Representative	Date of Acceptance & Acknowledgment
 Print Full Legal Name	