

Application for Grant

To be eligible for assistance, the child must currently be enrolled in school (Pre-K through 12th grade) and be under the age of 18. Also, the child must commit to attending a minimum of 80% of scheduled games and practices.

All grants will be awarded at the discretion of the KPSF board.

Childs Name (First & Last):		
Parent Name:		
Street address:		
City, State & Zip		
Phone:		
E-mail Address:		
Age: Gender: (M) (F) Date of Birth:		
Which sport are you requesting assistance for?		
Type of assistance requested please select: () Ro	egistration fee ()Equipment / uniform	() Travel
() Other (please explain):		
Dollar amount requested \$ What is t	he deadline for financial assistance?	
Are parents/guardians currently employed: Yes / I	No	
Parents, please explain why you are requesting a	grant from KPSF:	

Child / Athlete - in your own hand writing please explain why you want to participate in this sport:				
Consent to release information:				
I certify that the information supplied is true and co- information on this application. KPSF reserves the ri- that my child's participation in this program requires scheduled practices and games. I also understand the publicity purposes.	ght to determine and prioritize needs. I understand s a commitment to attend a minimum of 80% of the			
Signature of Parent:	Date:			
Signature of Child / Athlete:				

Please return grant application to KPSF by fax: 775-751-3085 or email: kidsplaysportsfund@gmail.com

