



Scholarship Application 2016-17

Please return to Aim High Academy

Attn: Scholarship Coordinator

Mail: 7020 E 38th St Tulsa, OK 74145

Deliver: Front Desk at either Aim High location

Aim High Academy combines FITNESS and FAITH to help build bright FUTURES in all children, regardless of economic means. Scholarships are available for students based on financial need. Although scholarship applications are accepted on an ongoing basis, they must be turned in by the 15th of the month to be eligible for evaluation and commencement of scholarship for the upcoming month.

Only one Scholarship Application is needed per household. All participants (including scholarship applicants) must pay the registration fee. Scholarships applications are evaluated and families are notified as to scholarship eligibility within 14 days of submission. Please contact Michelle at 918-664-8683 with questions.

Please complete and submit all items included in the Scholarship Application Packet. **Incomplete scholarship application packets will be returned without consideration for a scholarship. Incomplete application packets must be resubmitted for consideration.**

Scholarship Application Packet must include:

1. **A completed Scholarship Application.** All lines must be filled in. If an item does not apply, please write "NA" on the line. Failure to do so will result in an incomplete application and will be returned to you.
2. **Income Verification.** Copy of two (2) pay stubs **OR** Copy of last year's tax return (form 1040 or W-2) **OR** letter from your employer verifying your current salary **OR** Copy of Social Security/Disability checks/award letters. Failure to provide this information will result in an incomplete application and will be returned to you. **NOTE: Information in this section will be kept confidential.**
3. **Letter.** A letter stating your reasons for needing an Aim High Academy need-based scholarship (addressed as: "Dear Aim High Academy"). **It must be detailed and descriptive.**

Once chosen, the Parents/Guardians and students must agree to the following:

- a. If a student misses 3 consecutive classes, he/she forfeits scholarship.
- b. Parents/Guardians must be active participants at Aim High Academy. Activities may include:
 1. Volunteer to help with administrative tasks, assisting instructors or cleaning bathrooms, observation rooms, etc., during your child's class
 2. Be a spokesperson for Aim High Academy at public events, booths and meetings
 3. Assist in cleaning of gym once a month (sanitize all mats, etc.)
 4. Participation in Aim High Academy fundraising activities or events
 5. Volunteer to help with building maintenance when needed (painting, lighting, etc.)
- c. Parents/Guardians & students each must write a thank you letter to our scholarship funders within 2 months of scholarship award. Students ages 3 to 7 should draw a picture in lieu of writing a letter.

Please indicate your activity preferences. We will make every effort to assign you to at least one of your preferred activities.

1. _____

2. _____

NOTE: A record of Parents/Guardians participation will be maintained. Failure to participate in activities described above may result in loss of current and future scholarship awards.

I am applying for a scholarship at the Tulsa Midtown Campus / North Tulsa Campus (circle one)

Family Information

Child's Name: _____ Birth Date: _____ Class: _____

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Child's Name: _____ Birth Date: _____ Class: _____

Mother's Name (or Female Guardian): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Cell #: _____

Email: _____ Relation to children: _____

Occupation: _____ Employer: _____

Salary \$ _____ Per Week / Per Month / Per Year (Circle one)

Father's Name (or Male Guardian): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Cell #: _____

Email: _____ Relation to children: _____

Occupation: _____ Employer: _____

Salary \$ _____ Per Week / Per Month / Per Year (Circle one)

Annual Household Income: \$ _____

Please list all other income sources (rental income, child support, Social Security, etc) below:

Other Income \$ _____ Per Week/Month/Year (Circle one) Source: _____

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Are you currently receiving public assistance? ___ YES ___ No

Please indicate what type of assistance you receive: _____

Are you receiving free or reduced lunch? ___ YES ___ NO For how many years? ___

Number of people living in your household, including the student(s): _____

Are you or your spouse/partner a Student? ___ YES ___ NO Full or Part-Time? _____

Name of school: _____ #of hours per week: _____

I have included all of the following in my Scholarship Packet.

___ **A COMPLETED Scholarship Application**

___ **Income Verification**

___ **Letter**

I understand that I am completing an application for consideration of a scholarship at Aim High Academy. The application will be reviewed, and I will be contacted regarding my family's scholarship award. By signing this application, I am stating my desire to receive a scholarship through Aim High Academy. **I understand that Aim High Academy can reject my application without explanation.** I confirm that the information provided in this application is accurate to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY AIM HIGH ACADEMY

Date Original Application was received: _____ Was Packet and Information complete? ___ YES ___ NO

Date Application Packet was returned (if applicable): _____ Reason Packet was returned: _____

_____ Date Returned Packet was resubmitted: _____

SCHOLARSHIP AWARDS

Athlete's Name: _____ **Age:** _____

Assigned Class: _____ Class Day: _____ Time: _____

Scholarship award level _____ Amount Awarded/Per Month: \$ _____

Total Annual Award: _____ Date Award notification sent to Parent/Guardian: _____

Method of notification (email, phone, letter, etc.): _____

Athlete's Name: _____ **Age:** _____

Assigned Class: _____ Class Day: _____ Time: _____

Scholarship award level _____ Amount Awarded/Per Month: \$ _____

Total Annual Award: _____ Date Award notification sent to Parent/Guardian: _____

Method of notification (email, phone, letter, etc.): _____

Athlete's Name: _____ **Age:** _____

Assigned Class: _____ Class Day: _____ Time: _____

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Method of notification (email, phone, letter, etc.): _____