



# The Angels Foundation Scholarship Application

Dear Scholarship Applicant,

Thank you for taking the time to tell us more about your family circumstances and needs. The Angel's Foundation is a non-profit organization that is dedicated to helping assist kids and families with financial support that allows them to pursue playing sports that they love that otherwise would not be possible without our support. We believe no child should be denied playing sports due to a financial obstacle. 100% of the funds we raise are donated to kids in need.

The criteria we use to assess each applicant are based upon financial need first typically brought on by an unforeseen family tragedy or temporary hardship. (i.e., job loss) Each applicant is asked to provide specific details regarding their circumstance that would give our trustees insight as to whether they qualify for a scholarship. Nearly all of our scholarships are partial and short-term; meaning they are intended to subsidize a portion of a child's sporting expense and as such the recipient will be required to contribute what is feasible for them to do in order to receive financial assistance. The Fund is also designed to provide only temporary relief and resources which may be applied toward fees or dues associated with playing a sport and even equipment or uniforms and so forth.

Approved applicants will be expected to be in good standing in school. The Foundation reserves the right to decline any application that does not meet our basic criteria, is incomplete or if we believe the financial need is too steep to cover the family request and therefore would severely impact our ability to provide financial aid to a broad number of families.

**STEP 1:** Completion of the attached application which must be submitted electronically to [trustee@angelsfoundation.net](mailto:trustee@angelsfoundation.net). This is a secure and confidential email that will not be shared with anyone outside of The Angels Foundation and we will take every step to preserve your privacy.

**STEP 2:** Upon receiving a completed application, it will be submitted before the trustees' selection committee to assess whether the family meets certain criteria to receive financial aid of some kind. The committee may request additional information if not enough is provided or may request a meeting to discuss the circumstances further to make a final decision.

**STEP 3:** The final decision and response will be emailed to the applicant to inform them of the decision. If the applicant is denied financial assistance, there is no appeals process but an applicant is welcome to re-apply if new circumstances or information should arise that may be reasonable cause for reconsideration. All applications will receive a final response within 2 weeks of submission if not sooner.



**Child's Name:** \_\_\_\_\_

**Date of Submission:** \_\_\_\_\_

**Child's Age:** \_\_\_\_\_

**Parent (Legal Guardian) Names:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Sport:** \_\_\_\_\_

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***PLEASE DESCRIBE THE PRIMARY REASON FOR APPLYING FOR A SCHOLARSHIP?***

- Family Hardship. Please describe in detail.
  
  
  
  
  
  
  
  
  
  
- If loss of income. **\*\*Please provide documentation of this hardship such as a notice of job loss directly from your current or former employer. Documentation from the unemployment office.**
  
  
  
  
  
  
  
  
  
  
- Unexpected medical issue. **\*\*Please attach any medical documentation to this application that would be helpful for the committee to assess the circumstances. (i.e., Official disability letter or explanation of benefits or diagnosis that is directly impacted the family's financial stability.)**
  
  
  
  
  
  
  
  
  
  
- Parental death in the child's direct family. **\*\*Please provide details.**



**PLEASE INDICATE THE SPECIFIC AMOUNT OF FINANCIAL AID YOU ARE REQUESTING: \$ \_\_\_\_\_**

**IS THIS A RECURRING MONTHLY FEE? CIRCLE: Yes or No**

**IF YES, for how long will it need to reoccur? \_\_\_\_\_**

**HOW MUCH CAN YOU CONTRIBUTE TOWARD THIS FINANCIAL REQUEST ON YOUR OWN? \$\_\_\_\_\_**

- PLEASE ATTACH THE MOST RECENT REPORT CARD FOR THE CHILD IN THIS APPLICATION. THIS IS A REQUIREMENT OF THE APPLICATION.**

By signing this application, you agree to allow The Angels Foundation to request additional relevant information at any time to justify an on-going scholarship or to confirm that the student scholar is still in good standing at school as this is an important aspect of our mission and criterion.

The applicant also acknowledges that the committee may either discontinue a scholarship at any time with or without notice at its sole discretion. Please note that submitting an application is not a guarantee of a scholarship award. We are a non-profit organization that must adhere to certain criterion and an application process in order to fulfill the needs of charter and to maintain our non-profit status.

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**Parent (Legal Guardian) Signature**

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**Parent (Legal Guardian) PRINT**