



[www.ymaf.org](http://www.ymaf.org)

## Application for Martial Arts Scholarship program

Please answer questions 1-18. Print clearly.  
Use black or blue ink only. Mail your completed form to:

Questions? email: [info@ymaf.org](mailto:info@ymaf.org)

Young Martial Artist Foundation  
P.O. Box 5866  
Sherman Oaks, CA 91413

### Tell us about the family member filling out this form.

① \_\_\_\_\_  
Last Name First Name Middle Initial

② \_\_\_\_\_  
Home Address (Number and Street) Do NOT use a P.O. Box – unless homeless Apt. # Home Phone #

③ \_\_\_\_\_  
City County Zip Code Work Phone #

④ \_\_\_\_\_  
Mailing Address (if different from above) or P.O. Box Apt. # Message or Cell Phone #

⑤ \_\_\_\_\_  
City Zip Code E-mail Address (Optional)

### Tell us who you are applying for.

	Child 1	Child 2	Child 3
⑥ Name First _____ Last _____ Middle _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
⑦ Name on Birth certificate (If different from above)	_____ _____ _____	_____ _____ _____	_____ _____ _____
⑧ Home address (If different from home address in ②)			

⑨ Mailing address <i>(If different from mailing address in ②)</i>			
⑩ Date of Birth	____/____/____ mo day year	____/____/____ mo day year	____/____/____ mo day year
⑪ Relationship to person in ①	_____	_____	_____
⑫ Gender	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
⑬ Grade School:	_____	_____	_____
Grade Level:	_____	_____	_____
Martial Arts School:	_____	_____	_____

**TYPE and Need for Scholarship – check the boxes that apply:**

⑭ We are in need of the following type of Scholarship - check one:  <input type="checkbox"/> Full Scholarship <input type="checkbox"/> Partial Scholarship <input type="checkbox"/> Temp. - Scholarship	⑮ We are in need of this Scholarship for the following reason(s):			
	<input type="checkbox"/> Low Income Income range: _____	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Special Needs	<input type="checkbox"/> Multiple Enrollment # of children: _____
⑯ Optional: Are there any physical, mental, emotional or behavioral issues we should consider in evaluating this application? If yes, please explain: _____ _____ _____				

⑰ Signature and name of person who completed This Application.

I certify (promise) that all information on this application is true and correct. I understand that the applicant child may get a scholarship based on the information I give. I understand that YMAF staff may verify (check) the information. I understand that if I purposely give false information, the applicant child may lose the scholarship.

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Legal Guardian signature is also required if the person completing this application is not the parent or legal guardian.

Parent/Legal Guardian signature: \_\_\_\_\_ Print name: \_\_\_\_\_

**⑱ Children's racial and ethnic identities (optional)**

**Mark one ethnic identity:**    --and--    **Mark one or more racial identities:**

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native	

# INSTRUCTIONS

- ① Enter the name of the person who is filling out this application.
- ② Enter the home address and telephone number of the person filling out this application.
- ③ Enter the city, county, zip code and work phone number of the person filling out this application.
- ④ Enter the mailing address, if different from the home address, and the cell phone # of the person filling out this application.
- ⑤ Enter City and Zip code of mailing address (if different from home address).
- ⑥ Enter the first, middle, and last name of each child who is applying for a scholarship.
- ⑦ Enter name on child's birth certificate, if different from the name entered on line ⑥.
- ⑧ Enter the child's physical address, if different from the address entered on line ②.
- ⑨ Enter the child's mailing address, if different from the mailing address on line ④.
- ⑩ Enter the child's date of birth (day, month, and year).
- ⑪ Enter how the child is related to the person filling out this application (the person entered on line ①).
- ⑫ Enter the appropriate gender of the child, girl or boy.
- ⑬ Enter the elementary, junior high, or high school the child last attended, grade level & Martial Arts school.
- ⑭ Check the appropriate box that explains the type of scholarship you are applying for.
- ⑮ Check the appropriate box that explains why you are applying.
- ⑯ **Optional:** Please explain any special needs you would like us to consider while reviewing this submission.
- ⑰ Enter name and signature of the person who completed this application. Parent/legal guardian signature required.
- ⑱ **This section is optional.** Please indicate the child's ethnic and racial identity.

Do not fill out this part. For Staff use only.

# of Children: \_\_\_\_\_

Full Scholarship (Temporary approval for zero income Until: \_\_\_\_\_)

Any medical conditions? \_\_\_\_\_

Partial Scholarship  
 Denied

Reason for denial:

Income to high  
 Incomplete App  
 Withdrawn  
 Other: \_\_\_\_\_

Foster/Institutionalized child

Signature of Determining Official \_\_\_\_\_

Date Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Confirming Official (Secretary) \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Date Confirmed:

Signature of Confirming Official (President) \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Date Confirmed:

**NOTES:**

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