

Scholarship Application

Beach Cowboy Fitness Foundation
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Mt. Pleasant, SC 29464
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APPLICANT INFORMATION

REFERENCE NUMBER (office use only) _____

1. Applicant's Name:			
_____	_____	_____	_____
	Last	First	Middle
			Circle one
2. Birthdate:	____/____/____	3. Age _____	4. M/F
	mm /dd/yyyy		
5. Applicant's Primary Diagnosis: _____			
6. Applicant's Secondary Diagnoses/Disabilities (list all): _____			
7. Check the ONE disability category that most accurately represents the applicant (do not check more than one)			
<input type="checkbox"/>	Autism Spectrum Disorder	<input type="checkbox"/>	Sensory Processing Disorder
<input type="checkbox"/>	Developmentally Delayed	<input type="checkbox"/>	Severely Multiply Impaired
<input type="checkbox"/>	Emotionally/Psychologically Impaired	<input type="checkbox"/>	Specific Learning Disability
<input type="checkbox"/>	Physically Impaired	<input type="checkbox"/>	Speech and Language Disability
8. Has applicant applied for a Beach Cowboy Fitness Foundation Scholarship in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8a. If "Yes" to 8: Has applicant received a Beach Cowboy Fitness Foundation scholarship in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			

FAMILY INFORMATION

9. Parties responsible for applicant:				<input type="checkbox"/> Parent(s)	<input type="checkbox"/> Guardian(s)	<input type="checkbox"/> Self
_____	_____	_____	_____			
Last	First		Middle			
_____	_____	_____	_____			
Last	First		Middle			
10. Address: _____						
	Street		City		State	Zip
11. Email: _____						
12. County: _____						
13. Phone: () _____ () _____						
	Primary		Secondary			
14. Number of family members in the home: Children: Adults:						

FAMILY INFORMATION, continued

15. Do you have multiple family members with special needs? () No () Yes, explain below.

FINANCIAL INFORMATION (This is an application for financial assistance; you must prove financial need.)

16. Does insurance cover any of the costs associated with fitness programs? () Yes () No
Applicant does not have insurance coverage, as noted above. () Yes () No

17. Check which best describes your employment situation:

() Two-parent, two-income (part or full-time)	() Single parent, single-income
() Two-parent, single-income	() Single parent, no income
() Two parent, no income	() Other
() Disability income	_____

18. Check which best describes your household's total annual income: ()

- \$19,000 and below
- () Between \$20,000 and \$39,999
- () Between \$40,000 and \$59,999
- () Between \$60,000 and \$79,999
- () Between \$80,000 and above

19. Explain ANY circumstances that contribute to your financial need for a scholarship

Desired Schedule for Class

20. Which class or classes would you like to be considered for scholarship?
() Unified Fitness - 1 hour
() Unified Fitness - 2 hours
() Summer Camp

21. How many days per week are you most interested in attending? _____

22. In exchange for scholarship support for classes will you be willing to provide a video testimonial about what the class(es) have meant for you or your child? () YES () No

WEBSITE, SOCIAL MEDIA, AND PRINTED MEDIA RELEASE FORM

I, the undersigned, do hereby grant permission to Beach Cowboy Fitness Foundation to post my and/or my child story, photos, or other items, hereinafter referred to as “materials”, I submit to the Beach Cowboy Fitness Foundation website as well as their social media accounts which include LinkedIn, Facebook, and Instagram, as well as printed media.

I hereby release you, your representative, employees, managers, members, officers, parent companies, subsidiaries, and directors from all claims and demands arising out of or in connection with any use of said “materials“, including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights.

I acknowledge and agree that no sums whatsoever will be due to me as a result of the use of the “materials” or any rights therein.

Signature of Recipient or Legally Authorized Representative

Name and Relationship of Legally Authorized Representative to Recipient

Date

Name of Scholarship Recipient

Would you be interested in any of the following? (please check all that apply)

- Mom's Group
- Dad's Group
- Parents Gatherings
- Parents' Educational Programs
- Writing about your BCFF experience
- Attend/speak at BCFF Fundraisers
- Write thank you notes to donors
- Volunteer at BCFF events

I prefer to be reached by phone email text (my cell # is _____)

Please include any additional comments below:
