**The Makayla Fund Inc. Application Form**

***Please return to: via email (preferred):*** mkfscholarship@gmail.com*or mail to: The Makayla Fund Scholarship: 8660 E.Indigo St. Mesa, AZ 85207*

To be completed by Parent or Guardian - ***please print neatly or type.***

Complete ALL of the following information and attach required documents, as incomplete forms will delay processing.

***Please attach an essay from the student about “How will sports or being part of a team help you after high school?***

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address Apt. # City State Zip Code

Telephone: (Day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Evening)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male Female

School Child Attends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athletic Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Athletic Director’s Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sport requesting scholarship for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fall:  Winter:  Spring:  Sport Year: \_\_\_\_\_\_\_

Amount applying for Fee & Equipment only: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please provide list and receipts if you have them)

Total family yearly income: $15,000 – $35,000 $36,000-$55,000 $56,000-$75,000 (please circle one)

 $76,000-$85,000 $86,000 and above

 Number of family members residing at above address: \_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian), give permission to authorize the Makayla Fund Inc. Athletic Scholarship to verify information provided on this application, if required, for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 *Name of student*

I understand that this information will be used solely for the purpose of determining eligibility for scholarship and all information released will remain confidential. I also understand that deliberate misrepresentation of information subjects the applicant and their family members to being disqualified for scholarship consideration. I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

Signature of Applicant (Parent/Guardian Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

 *Signature*

**FOR OFFICE USE ONLY**

DATE RECEIVED IN OFFICE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verified for scholarship \_\_\_\_ Verified for other expenses \_\_\_\_ Denied \_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_

Total amount approved for this program $\_\_\_\_\_\_\_\_\_\_\_\_\_

Member of Executive Board Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funds Allocated on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

“All winners of the individual scholarship will remain anonymous” only the school and sport will be advertised.

**All Scholarships are due 7 days prior to season opening**