**The Makayla Fund Inc. Application Form**

***Please return to: via email (preferred):*** [*Scholarship@TheMakaylaFund.org*](mailto:Kellie@TheMakaylaFund.org)*or Mail to: 8660 E Indigo St Mesa, AZ 85207 (please email before 3/18/2024 at 12:00 PM EST. so we will receive the documents before deadline)*

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 is being a student athlete affected your mental health?”***

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: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 3/18/24**