



**Phoenix Gymnastics Scholarship Request Form**  
**The Phoenix Gymnastics Fund**

**The Phoenix Gymnastics Fund** was created to provide financial assistance to those families who want to keep their child(ren) involved with the sport of gymnastics but are unable to meet the financial commitment. Gymnastics is a sport with huge benefits for kids that not only keeps them active and moving, now, but lays the foundation for valuable life skills like mental toughness, perseverance and self motivation for the future. We want to make sure we make the benefits of this awesome sport available to all who are interested, regardless of their background. The Phoenix Gymnastics Fund is a non-profit organization with limited funding available for scholarships. No guarantee of assistance is implied by this application. **The Phoenix Gymnastics Fund does not discriminate on the basis of race, color, national origin, sex or disability in its programming and activities.**

**Eligibility**

- Athletes must be of eligible age to participate in a Phoenix Gymnastics Program (at least 12mos)
- Families must be city of Atlanta or city of Sandy Springs residents
- Parents/Guardians commit that the athlete will attend a minimum of **80%** of all scheduled practices during a registered session.

**Qualifications:**

Please provide at least 2 items of information required to help the Phoenix Gymnastics Fund determine qualifications. Scholarship consideration will be given to families that meet at least 2 of the following criteria:

- Receive assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care, WIC, etc. and can provide written documentation of participation in these programs
- Provide documentation that child(ren) receive free or reduced lunch at their public school of attendance
- Provide a written statement of immediate financial hardship explaining the current situation. The Phoenix Gymnastics Fund recognizes that a family may not be receiving formal assistance from the programs mentioned above, yet financial assistance may still be needed to participate in a Phoenix Gymnastics Program. In these instances, the board will consider the financial hardship statement to determine scholarship eligibility. Please provide any supporting documentation that may support the facts in your financial hardship statement.

**Application Instructions:**

- Parent/legal guardian/senior adult must complete Terms and Conditions
- Complete and attach all required supplemental paperwork as required
- Sign and date the application
- Return the application for consideration



**The Phoenix Gymnastics Fund Scholarship Application Terms and Conditions**

*“I”, “me” and “my” refer to the adult scholarship applicant.*

- \_\_\_\_\_ 1. By signing this form I certify that the information contained in this scholarship packet is true and correct to the best of my knowledge.
- \_\_\_\_\_ 2. By signing this form I agree to be bound by the responsibilities and expectations set forth in this application if I receive a scholarship.
- \_\_\_\_\_ 3. I understand that members of the The Phoenix Gymnastics Fund Board of Directors consider each scholarship application on a case-by-case basis.
- \_\_\_\_\_ 4. I understand that no guarantee of assistance is implied by this application and scholarships are awarded if funds are available.
- \_\_\_\_\_ 5. I understand that I am responsible for any equipment and uniforms required for my child's participation.
- \_\_\_\_\_ 6. I understand that scholarship money will not be paid to the individual recipient, nor will any money be refunded to the individual recipient.
- \_\_\_\_\_ 7. I understand that if any information provided during the scholarship application is deemed inaccurate, Phoenix Gymnastics may immediately terminate my child's privilege to benefit from the scholarship program, and in the case any information was intentionally false, I will repay to The Phoenix Gymnastics Fund, the full value of any scholarship awarded.
- \_\_\_\_\_ 8. I understand it is my responsibility to ensure my child(-ren) attend **80%** of all scheduled practices within a session
- \_\_\_\_\_ 9. This application is considered private and will not be shared with anyone other than the scholarship review board.

\_\_\_\_\_  
Printed Name of Adult Applicant

\_\_\_\_\_  
Signature of Adult Applicant

\_\_\_\_\_  
Name of Scholarship Athlete

\_\_\_\_\_  
Date