



OAK Scholarship Application

Date: _____

Office Use Only:	
Approved Date/By:	_____
Date Parent Notified:	_____
Invoice Amount:	_____
Approved Amount:	_____
Organization Paid & Date:	_____
Entered XL Spreadsheet Date:	_____

Student Information		Parent/Guardian Information	
Student's Name: First Last		Parent/Guardian's Name: First Last	
Name Child Goes By:		Mailing Address: Street City State Zip	
Age:		Home Phone:	
Gender:		Cell Phone:	
Date of Birth:		Email Address:	
School:		How did you hear about the OAK Program? Referred By?	
Grade: (Must be K4-12th to apply)		Have you participated in the OAK program before?	
		YES/NO	
Middle/HS Students do you need Volunteer hours? Yes/No		Number of children applying for OAK Scholarship?	
Does the organization that you are requesting funding offer scholarships? Yes/No		Have you applied for scholarship funding with the organization you are requesting funding for through their organization? Yes/No	
		*If you answered yes and denied. Please send us a copy of the denial letter with your application.	

What sport is your child interested in playing? Please circle (1) choice

Baseball/Tball	Softball	Basketball	Dance
Football	Soccer	Hockey	Tennis
Karate/Tae Kwon	Rugby	Volleyball	Golf
Gymnastics	Lacrosse	Track & Field	Running
Swim Lessons	Cheerleading	Wrestling	Cross Country

First Flight Alliance is a 501C(3) Nonprofit (45-5324894)

Oak@yourfirstflight.org

Application Version 2



OAK Scholarship Application

Activity/Sport Information

Organization/Business Name:	How many days a week is the class activity/sport: (Circle all days that apply) S,M,T,W,T,F,S
Organization/Business Address:	Total hours class activity/sport is each week:
Organization/Business Phone:	Cost of Activity: (1 Class Only) Circle One: Monthly/One Time Fee
Program Director Name: First Last	Activity Start Date (MM/DD/YYYY):
Program Director Email:	Activity Completion Date (MM/DD/YYYY):

Student Statement: MUST BE COMPLETED (1st Grade & under Draw a picture of you & sport/activity you are listing).

Choose **ONE** of the following questions and in a few sentences answer using a separate sheet of paper or the back of this form.

1. Identify the activity (dance, football, karate, swimming, etc.) that you would like to participate in and tell us why or explain how it will help you grow stronger and healthier.
2. Explain what it means to be a leader and how your activity will help to develop leader qualities in you.

***Application Checklist: All requested information and application must be completed before form turned in for approval: If any of the requested information is missing or the application is not filled out completely we will not be able to complete your application review process. We must have an activity start (MM/DD/YYYY) and completion date (MM/DD/YYYY).**

- ☐ Completed Application Form *Must complete the entire application before submitting. Missing information on the form, last original report card, letter of recommendation, student statement/drawing will result in application being put on hold.
- ☐ Child's written answer to Student Statement or (Drawing 1st Grade & under only) *Must have when application submitted. If not submitted application will not be reviewed and will be put on hold.
- ☐ Copy of original report card (not PowerSchool printout) for this year (Applies to K5-12th Grade) *Must have when application submitted if not submitted application will not be reviewed and put on hold.
- ☐ Recommendation letter from school teacher or referring agency *Must have when application submitted if not submitted application will not be reviewed and put on hold.
- ☐ Copy of scholarship denial letter from the organization you are requesting scholarship for if you applied with their scholarship and were denied. (Only if answered yes to the above question.) *Must have when application submitted if not submitted application will not be reviewed and put on hold.
- ☐ Let the organization know we will need a copy of their W-9 form emailed to us if you are approved.

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Read and initial each point below:

_____ I understand that this scholarship application is for **one sport/one class only**. I will make every effort for my child to attend all classes/lessons for the activity.

_____ I am willing and able to transport my child to and from every practice/lesson for the activity in which my child is participating in.

_____ I will encourage my child to try his/her best in this activity. I will email OAK if my child stops participating in the activity at oak@yourfirstflight.org.

_____ I am aware that First Flight Alliance will be directly paying the organization providing the activity my child is attending, we will need the organization to email us a copy of their W-9 form before we can send any payments to them, and I am aware that I am responsible for **emailing the invoice to OAK by the 5th of the month** (OAK has two weeks to send in payment from the 5th of the month.).

_____ I am aware that First Flight Alliance will not email me any reminders to send in monthly invoices for payments. This is the responsibility of the parent(s)/guardian(s). If invoices are not received on time, OAK reserves the right to terminate the scholarship. A notification will be sent by email and mail if that occurs.

_____ I am aware that First Flight Alliance does not pay any late fees, unpaid balances, sports pictures, daycare/afterschool camps.

_____ I am aware that First Flight Alliance may need to contact the organization that referred you or the organization that your child is participating in. This does not determine your eligibility.

_____ As a part of First Flight Alliance/OAK we like to promote and celebrate along with your activities and achievements the students are involved in through the First Flight Alliance/OAK Program. We would love to share your child's story through pictures or videos. If you are willing to share these please send to oak@yourfirstflight.org.

YES/NO Please circle Yes or No that you are agreeing that it is ok for First Flight Alliance/OAK to share on our social media platforms. This does not determine your eligibility.

Please read and sign the following:

I have completed this application to the best of my ability, and I understand and agree to the statements above. I will encourage my child to be active and healthy outside of his/her activity, and I will encourage sportsmanlike conduct from my child while he/she attends this activity.

Parent Signature: _____ Date: _____

Application Version 3

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Application Version 2